STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE O	PUEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Las	ut)				2. DAT	TE OF DEATH			3. TIME OF DEATH
IRENE EL:	IZABETH F.	AY			MOI S	NTH DA		O//	171111 8 4
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF IMDER 24 HRS	7 DAT	E OF BIRTH		a BIRTI	IPLACE (State or Foreign
219-10-7795					SE	PT 8 19	16	Count M A	RYLAND
9a. FACILITY NAME (If not institution, give	e street and number)		9b. CITY, TOWN	OR LOCATION OF DE		. 110,20			
	UNTY HOSPIT	AL	_						
	NTY	10c. CI	TY, TOWN OR LOC	CATION					10d. INSIDE CITY
MARYLAND WAS	SHINGTON		AGERS	LUMN					LIMITS?
10e. STREET AND NUMBER							10g, CIT	IZEN OF V	
17908 SAND WEI			21740						
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2 VNO	If yes,	specify Cuban, Maxica	ıп, Puart	GIN? (Specify Yea to Rican, atc.)	or No—	Blac	E — American Indian, k, Whita, atc.	
	16a. DECEDENT	USUAL OCCUPA	TION	1	6b. KIND OF BUS	INESS/IN	DUSTRY		
Elementary/Secondary (0-12)		life. Do NOT	work done during i ise retired.)	most of working					
12	2	DATA EN	ITRY SUP	ERVISOR		BANK	ING		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First	t, Middle, Maiden S	Sumame)		
LUTHER EDI	WARD PALM	ER		DELL	A	MAE	TA	BLE	R
19a. INFORMANT'S NAME (Type/Print)	· · · · · · · · · · · · · · · · · · ·	19b. MAILIN	G ADDRESS (Stree	t and Number or Rural I	Route Nu	imber, City or Town	, State, Zi	p Code)	
ROBERT F. FA'	17908	SAND W	EDGE DRIV	/E, I	HAGERST	OWN.	MD.	21740	
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t □XBuriel 2 □ Cremation 3 □ Re 4 □ Donation 5 □ Other (Specify)	AR I AMN	other place) IN	IAUSULEUM I PARK NA	16	-94 HAG	FRST	UMNI	MASH MD	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	7 11 1 127 17919	22. NAME	AND ADDRESS OF FA	CILITY				
+ A has	O. Bradie	7							
	140 E. ANTIETAM ST., HAGE					STOW	IN,MD		
23. FART I. LINES LIST UISCOSOS, U	i complications that ceuses								
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shock, or heart fellum iMMEDIATE CAUSE (Final	ech ilna.	not enter the n	node of dying, suc	hes c	erdisc or reapil	retory sr	rest,		
shock, or heert fellun	e. List only one cause on e	ech ilna.	io M	forch grand, suc	th es ca	ruisc or reapi	retory sr	rest,	interval Between
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(Specify Yes or No—If yes, specify Cuban, Marican, Puarto Rican, etc.) 19. WAS DECEDENT'S EDUCATION (Specify only highest grade) compilated) 19. MOTHER'S NAME (First, Middle, Lesi) LUTHER 192. INFORMANT'S NAME (First, Middle, Lesi) LUTHER 193. INFORMANT'S NAME (First, Middle, Lesi) LUTHER 194. INFORMANT'S NAME (First, Middle, Lesi) LUTHER 195. MAILING ADDRESS (Strew and Number or Flurial Floride Number, City or Now, String, Zip Code) 17. PATHER'S NAME (First, Middle, Lesi) LUTHER 196. MAILING ADDRESS (Strew and Number or Flurial Floride Number, City or Now, String, Zip Code) 17. PATHER'S NAME (First, Middle, Lesi) LUTHER 196. MAILING ADDRESS (Strew and Number or Flurial Floride Number, City or Now, String, Zip Code) 17. PATHER'S NAME (First, Middle, Melden Surmanne) 189. MAILING ADDRESS (Strew and Number or Flurial Floride Number, City or Now, String, Zip Code) 189. MAILING ADDRESS (Strew and Number or Flurial Floride Number, City or Now, String, Zip Code) 189. MAILING ADDRESS (Strew and Number or Flurial Floride, City or Now, String, Zip Code) 189. MAILING ADDRESS (Strew and Number or Flurial Floride, City or Now, String, Zip Code) 200. METHOD OF DISPOSITION 189. MAILING ADDRESS (Strew and ADDRESS O

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Morith, Day, Year)
AUG 1 5 1994

32. RESISTRAR'S SIGNATURE

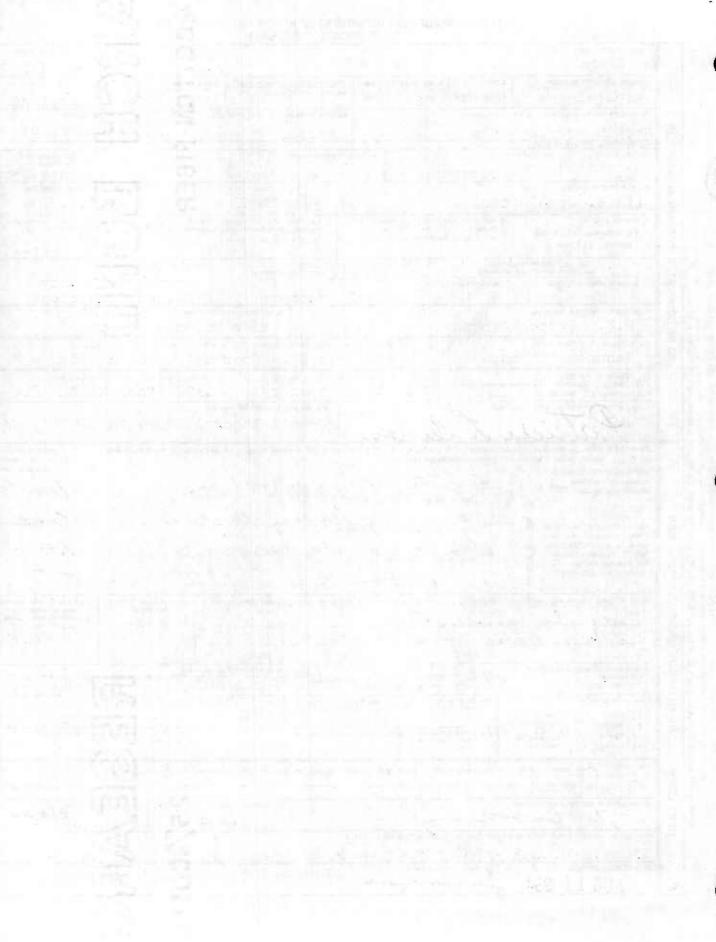
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	t. DECEDENT'S NAME (First,	Middle, Last)		Gibl	one						AY YEAR			
	4. SOCIAL SECURITY NUMB		5. SEX	8. AGE (In yrs. les		1	C. David				9 1994	1:10 Pm		
	579-24-85		1 M 2 X F	8.7	VRS.	MONTHS	DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/11/(Cou	orthplace (State or Foreign intry) Maryland		
	9e. FACILITY NAME (If not in		treet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF D		9c. COUNTY OF			
DIRECTOR	Berlin Nur	sing	HOme			Ве	erli	n			Wor	cester		
3EC	10a. STATE	10b. COUNT	Y		10c. C/1	c. CITY, TOWN OR LOCATION						10d. INSIDE CITY		
	Md.		Worces	ter		5	Snow	Hi	11	1.5	LIMITS? 1 ☑ YES 2 ☐ NO			
FUNERAL	104. STREET AND NUMBER						101	ZIP COD				F WHAT COUNTRY?		
Ä	111 S. Wa	sning							863	1.1-2	U.S	.A.		
ВУ	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		FORCES?	NT EVER IN U.S. AR I YES 2XIN MAR OR DATES	2X NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)					Bi	ACE — American Indian, ack, White, etc. sectly:			
ED	15. DEC	EDENT'S EDU highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON of works		16b. KIND OF BU	SINESS/INDUSTRY			
COMPLET	Elementary/Secondary (0		College (1-4 or 5	+)		work done ise retired.)			'ny	Worce	ester C	ounty		
MP		70	4	sc	hoo	1 T€	each				of Educ	ation		
	17. FATHER'S NAME (First, M. H.S. Bu	Gibbon	9						ME (First, Middle, Meiden Dryden (
BE	190. INFORMANT'S NAME (7		GIDDOII		MARIN	ADDRES	C /Ctanat a			Route Number, City or Tox				
10	Kenneth	Gibbo	ons							W Hill, M		73		
	20g METHOD OF DISPOSITI	20b. PLACE	ND DATE	OF DISPOS	emet	erv		8/94 S	•	Town, State 11, Md.				
	21. SIGNATURE ON FUNERAL SERVICE LICENSEE						22. NAME AND ADDRESS OF FACILITY							
	Fall	rici	vLa	Veny	us	I)enn	is :	Fune	eral HOme	e, Snow	Hill, Md.		
	23. PART I. Enter the di shock, or h IMMEDIATE CAUSE (Fin	aart fallura.	complications the List only one ca	nt caused the da use on each line	ath. Do	not enter	the mo	da of dy	ing, suc	th as cardiac or resp	iratory arrest,	Approximate interval Batween Onset and Daath		
	disease or condition resulting in death)	→	a. CT C	vte	n	190	ca	n di	12/	inf.		mush		
z			b. (6)	A G IS A CONSEC	CUENCE C	AP	4	14	DI	Jeans		new		
CERTIFICATION	Sequentially list conditi if any, leading to imme- cause. Enter UNDERLY	diata		OR AS A CONSECUTION								h-		
IFIC	CAUSE (Disease or Injuthat initiated eventa		OUE TO	(OR AS A CONSEC	DUENCE O	OF):		031	7	•		47		
ËRT	resulting in death) LAS	T L	d	13	e							41-		
	PART II. Other significa	nt condition	na contributing to	death but not r	eaulting	in tha u	ndariyin	g cause	given in	Part i. 24s. WAS AF		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
EDICAL	Min	-e 1	James							1 YES :	2 X NO	COMPLETION OF CAUSE OF DEATH?		
Σ	- Teg	1 v	5-1 F	= ee Do	1-				_			1 TYES 2 X NO		
PHYSICIAN:	25. WAS CASE REFERRED TO	O MEDICAL					26. PI	ACE OF I	DEATH /C	neck only one)				
SIC	EXAMINER?		HOSPITAL:	ER/Outpetient 3	□ DOA	OTHE	R:			6 Other (Specify)				
Ή	27. MANNER OF OEATH		26e. OATE OI	FINJURY	26b. TIR	AE OF	28c. INJ	URY AT	a siderice	28d. DESCRIBE HOW	INJURY OCCUREO			
ВУ Р		Pending Investigation	(MORITI, E	Day, Yeer)	IN	JURY M		YES 2 [NO					
ED	3 Suicida 6	Could not be detarmined	28e. PLACE (building	OF INJURY — At ho, atc. (Specify)	me, farm,	street, fac	tory, offic			26f. LOCATION (Street City or Town, State		al Route Number,		
COMPLET	29a, CERTIFIER (Check only	IFYING PNYS	ICIAN: To the bast of	f my knowledne de	eth occur	red at the	lime deta	and place	and de-	to the cause(s) and ma	inner en elet-d			
OME	anal an											e(a) and manner se stated.		
ш	29b. SIGNATURE AND TITLE	OF CERTIFIE	R					29c. LIC	ENSE NU	MBER	29d. DATE SIGN	EO (Month, Pay, Year)		
TO B	30. NAME AND ADDRESS OF	S DEDEON VIII	IO COMPLETES ST		4.07. (7.	0.1.1			D02	2026	1999	(4) 8/10/94		
	Federico G			1622A C			es	Ber	lin.	, MD 21811	(410)6	416363		
	31. DATE FILED (Month, Day,		32. REGISTR	AR'S SIGNATURE							,,,,,,	. 2000		
10	AUG 11	1994	John Da	nisen-Rond	all.					-				



TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020

san											4	100		
FOR STATE REGISTRAR	STATE OF MA		DEPART						YGIEN EG. NO.	E				
1. DECEDENT'S NAME (First, Middle, Last,								2. DATE OF I	DEATH			3. TIME OF DEA	ATH	
	Alfred	S. G	arza					July	31		1994	12:18	P	M
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last		IF UNDER		IF UNDER		7. DATE OF B	HRTH (Mag)		8. BIRTH Countr	IPLACE (State or I	Foreign	
461 30 6120	1	65	YRS.	MONTHS	DAYS	HOURS	MIN.	April	17 1	929	Tex	as		
9e. FACILITY NAME (If not institution, give	street end number)			9b. CITY,	TOWN O	R LOCATIO	ON OF DE	ATH		9c. COU	NTY OF D	EATH		
Bowie Health Cen	ter			В	owie	е				Pr	ince	George	s	
IGE. STATE 10b. COUNT			IOc. CITY,	TOWN O	LOCAT	ION						10d. INSIDE CIT	Y	
Maryland Prin	ce George's	3	Вс	owie								XX YES 2	NO	
10e. STREET AND NUMBER					101.	ZIP CODE				10g. CIT	IZEN OF V	WHAT COUNTRY?		
2612 Kingsley L	ane					2071	5			Uni	ted	States		
11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT ET FORCES? 1 X IF YES, GIVE WAR	YES 2 N		H	yes, spe		n, Mexica	NIC ORIGIN? (Si n, Puerto Rican		or No —	Black	E — American Inc k, White, etc.	ilen,	
3 Widowed 4 Divorced	37 3417 4774 3230					E 153 110	эрвсп	No			Speci	White	<u> </u>	
15. DECEDENT'S ED (Specify only highest grad		16a. DEC	CEDENT'S U	SUAL OC	CUPATIO	N st of workin	g	16b. KIN	D OF BUS	INESS/IN	DUSTRY			_
Elementary/Secondary (0-12)	College (1-4 or 5+)		Spec					,,,	c (nmen			
17. FATHER'S NAME (First, Middle, Last)		LEO	bpec	.iai.	LSL	18 MOTE	IFD'S NA	ME (First, Middle			пшеп	. L	_	
Julian Garza								Silos	s, maruerr	Surneme)				
19e. INFORMANT'S NAME (Type/Print)	·	196	MAILING A	ADDRESS	(Street ar			Route Number, C	ity or Town	, State, Zip	p Code)			
Rita R. Garza			2612					Bowie				715		
20a. METHOO OF DISPOSITION CXBuriel 2 Cremellon 3 Res	moval from State	20b. PLACE A	ND DATE OF	DISPOSI er place)	TION (Na	me of		OATE	20c. LO	CATION —	City or To	wn, State		
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	IOCHOCE	Maryı	and v	-				y 8/4/	94 C	helt	enha	m, Md.		
21. SIGNATURE OF FUNERAL SERVICE L	C		0			D ADDRES		uneral	Home	e. P.	. A .			
nover	c. Wa	ms	Pro	16	000	Anna	po1	is Rd.	Bow	ie Ma	ary1a	and 207	15	
23. PART I. Entar the diseases, or shock, or heart failure	complications that ca	used tha dea	th. Do no	ot enter i	the mod	de of dyi	ng, auc	h as cardiac	or respi	raiory an	rest,	Approxin		
IMMEDIATE CAUSE (Final											,	Onset an		
disease or condition resulting in dasth)	arteri	scle	rate	i d	ar.	de	THE	ecul	or.	de	ela	se		
	DUE TO (OR	AS A CONSEC	UENCE OF)	:										
Sequentially list conditions,	b. OUE TO (OR	AS A CONSEO	UENCE OF)	:										_
if any, leading to immediate cause. Enter UNDERLYING												1		
CAUSE (Disease or Injury that Initiated events	DUE TO (OR	AS A CONSEO	UENCE OF)	:										
reaulting in daeth) LAST	d													
DADT il Other eignificent conditio	and contribution to de-	ath hut act a	101 1-											
PART II. Other significant condition	ms contributing to de	ath but not re	aulting in	tha uno	dariying	cause g	ivan in	Part I. 24a	PERFOR		24b	. WERE AUTOPSY AWAILABLE PRIOR	OT R	S
								10	YES 2	240		COMPLETION OF OF DEATH?	CAUSE	
								_				1 YES 2	NO	
DID TOBACCO USE	CONTRIBUTE T	O CAUS	E OF	DEATI			NO							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		17	OTHER		ACE OF DI	EATH (Ch	eck only one)						_
1 YES 2 NO	1 Inpatient 2 LEF		□ DOA	4 - Nursi		5 🗆 Re	sidence	8 Other (Sp.	ecify)					
27. MANNER OF DEATH 1 Matural 5 Pending	28e. OATE OF INJ (Month, Day,)		28b. TIME INJU	RY	28c. INJU	RK?		28d. DESCRIE	BE HOW IF	NJURY OC	CURED			
2 Accident Investigation	200 01 105 05 11	I H I I I I I I I I I I I I I I I I I I		М		ES 2	NO							_
3 Suicide 8 Could not be determined	28e. PLACE OF IN building, etc.	(Specify)	ne, lerm, ati	reet, lecto	ry, office	•		281. LOCATIO	N (Street a wn, Stete)	nd Number	or Rural F	Toute Number,		
29a. CERTIFIER 1 DERTIFYING PHYS	SICIAN: To the best of my	knowledge de-	th one	Lat the P	- d-4.	and ele-	and do	An Aba	and Co.		e di			_
	IER: On the basis of exam											a) and menner es	stated.	
29b. SIGNATURE AND TITLE OF CENTIFIE						29c. LICE						(Month One Year		_

CEATH (ITEM 27) (Type, Print) DR. LARGO, MD

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

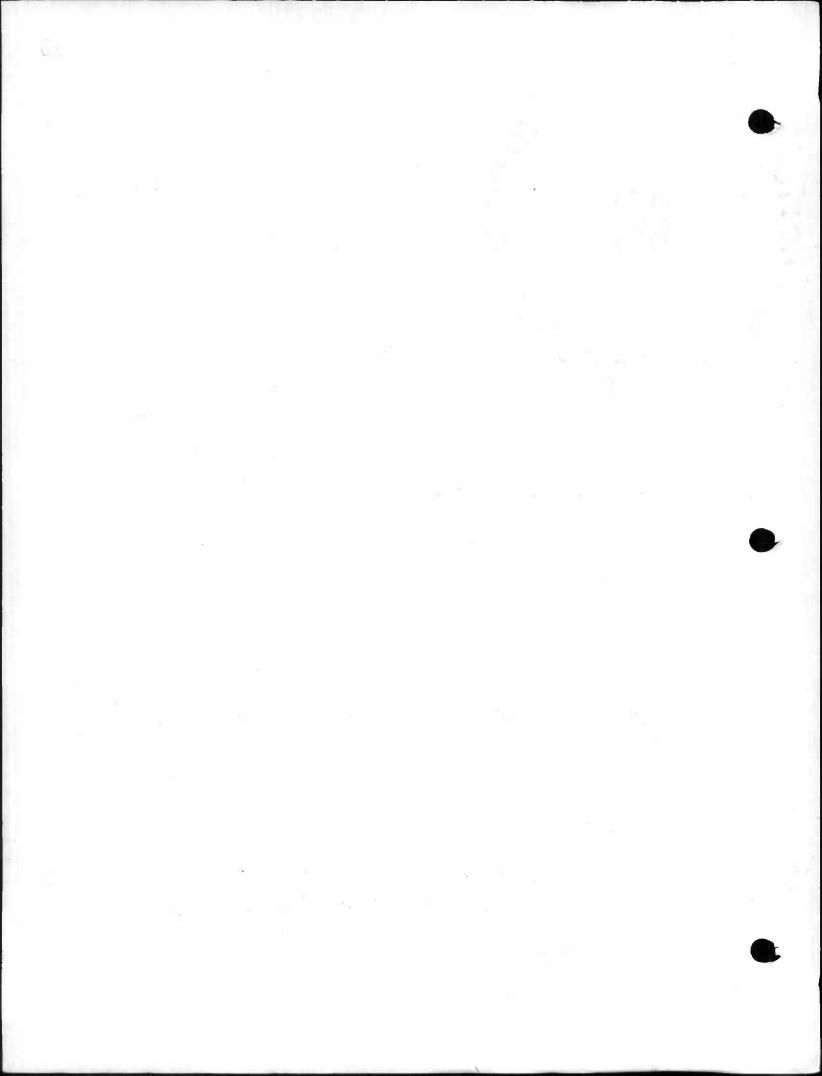
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILEO (Month, Day, Year)

AUG 0 2

1994

DHMH-16 Rev 1/89



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MA	RYLAND / DEPARTME	NT OF HEALTH		AL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) MAURICE S GARNETT			2. DA	TE OF DEATH		3. TIME OF DEATN 1:40 P M	
	578 58 4734 1X□ M 2 □ F	49 YRS. MONTH		MIN. NO	re of sirth coth. Day, Wear) V 24 44	WAS	RTNPLACE (State or Foreign Matry) SHINGTON DC	
CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY FUNERAL DIRECTOR	9a. FACILITY NAME (If not institution, give atreet and number) 1836 METZEROTT RD #1111 RESIDENCE OF DECEDENT	96. 0	ADELPHI	N OF DEATN		PRINCE	GEORGES	
	MARYLAND PRINCE GEORGES	10c. CITY, TOW ADEI	ON OR LOCATION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
NERAL	1836 METZEROTT RD #11		10f. ZIP CODE 2078			DE WHAT COUNTRY? D STATES		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT. FORCES? 12. IF YES, GIVE WAR 1 9 6 2 - 82	YES 2 NO	13. WAS DECENDENT OF It yes, specify Cuban, 1 ☐ YES 2 🔯 NO	Mexican, Puer		B	ACE — American indian, ilack, Whita, etc. pecify: LACK	
MPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1.2. College (1-4 or 5+)		US GO	NESS/INDUSTR				
	17. FATNER'S NAME (First, Middle, Last) ANTHONY GARNETT		(CYNTHIA		LEWIS		
	196. INFORMANT'S NAME (Type/Print) ALVIN S GARNETT (BROT		TESS (Street and Number of Tth PL NE	WASH)	
	20a. METHOD OF DISPOSITION [XX]Surial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE OF DISI cemetery, crematory or other plant MT OLIVET CI		8,		CATION — City of HINGTON		
	21. SIGNATURE OF UNERAL SERVICE LICENSEE LULY S. Pope		ALEXANDER 2617 PA AV	S POPI				
ERTIFICATION	CAUSE. Enter UNDERLYING CAUSE (Disease or injury	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):					Approximate interval Between Onset and Death	
AL	PART II. Other aignificant conditions contributing to de	ath but not resulting in the	underlying ceuse gl	ven in Part i.	24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	ОТ	28. PLACE OF DE	ATH (Check only	one)			
BY PHYS	1 VES 2 NO 1 Inpetient 2 EI 27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	VOutpatient 3 DOA 4 DIVINY 28b, TIME OF	28c, INJURY AT WORK? 1 YES 2	28d. I	ther (Specify) DESCRIBE NOW II	NJURY OCCURED	•	
	3 Suicide 8 Could not be 4 Homicide differmined	IJURY — At home, farm, street, . (Specify)	factory, offica		OCATION (Street a ity or Town, State)	and Number or Ru	ral Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of exam						se(a) and menner oa stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER January C. Servings 30. NAME AND ADDRESS OF PERSON MINO COMPLETED CAUSE	Z ₂ O	29c. LICEN	F 29	D-(.	P 7-	NED (Month, Day, Year) Z 9-94	
	HOWARD A STARK M.D. 2	2311 M ST NV	SUITE 302	2 WASI	DC 20	0037		
	AUG 0 1 1994 Julia	Lavidson-Randale					DHMH-16 Rev 1/89	

1 - STATE REGISTRAR	SIAIE UF M							MENIAL	REG. NO.	È		
1. DECEDENT'S NAME (First, Middle, Last)										v	YEAR	3. TIME OF DEATH
								7				6:15a м
DECEDENT'S NAME (First, Mickin, Last) DeceDent'S Name (First, Mickin, Name (First, Mickin, Maiden Surrame) DeceDent'S Name (First, Mickin, Name (First, Name (Fir				y)								
	Λ	/1	1710.	9h CITY I	TOWN O	LOCATI	ON OF DE	REG. NO. 2. DATE OF DEATH 7 29 94 7 29 94 8. 7. DATE OF BIRTH (Month, Day, Year) 12/6/22 The 10g. CITIZEN OF PC 10g. CITIZE				
	REGISTRAR RECEDENT'S NAME (First, Middle, Last) Adolphus Franklin Ga ROCIAL SECURITY NUMBER 5. SEX L-12-9788 FACILITY NAME (II not institution, give street and number) GOLDEN OAKS NURSING HOME SIDENCE OF DECEDENT STATE 10b. COUNTY 11c. WAS DECEDENT EVI FORCES? 11c. WAS DECEDENT FORCES. 11c. WAS DECEDENT F					LOCALIN	JN OF DE	-AIN				
RESIDENCE OF DECEDENT	Adolphus Franklin S. SEX 12-9788 1										rG	
	PG		10c. CITY			-						10d. INSIDE CITY LIMITS? 17 YES 2 NO
10e. STREET AND NUMBER	EDENT'S NAME (First, Middle, Last) Adolphus Franklin CAL SECURITY NUMBER 12-9788 CRITY NAME (If not institution, give street and number) GOLDEN OAKS NURSING HOM DENCE OF DECEDENT TATE 10b. COUNTY PG TREET AND NUMBER 9000 Briarcroft La RITAL STATUS 12. WAS OCCEDENT FORCES? 1 IF YES, GIVE W 15. DECEDENT'S EOUCATION (Specify only highest grade completed) The Grade HER'S NAME (First, Middle, Last) John William Gaskins FORMANT'S NAME (First, Middle, Last) LUCY Gaskins ETHOD OF DISPOSITION Urial 2 Cremation 3 Removal from State onetion 5 Other (Specify) NATURE OF FUNERAL SERVICE LICENSEE ARP1. Enter the diseases, or complications that shock, or heert feliure. List only Dne ceus DIATE CAUSE (Final se or conditions, ling in death) DUE TO (d. DUE TO (DUE TO (d.				101.	ZIP CODE				HAT COUNTRY?		
	PG TREET AND NUMBER 9000 Briarcroft Lar RITAL STATUS Never Married 2 Married It was occepent a forces? 1 Forces? 1 Free, Give war 15. Decedent's Education (Specify only highest grade completed) The Grade Her's Name (First, Mickile, Last) John William Gaskins FORMANT'S NAME (Type/Print)				\perp							
1 Never Married 2 Married 3 Widowed 4 Divorced	MARITAL STATUS Never Married 2 Married				yes, spe	cify Cuba	n, Mexica	n, Puerto Ric	(Specify Yes can, etc.)	or No-		
15. DECEDENT'S EOUC (Specify only highest grade of	ATION completed)	/G	ive kind of w	work done du	CUPATIO	N t of workin	a	18b. P	UND OF BUS	HNESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	He.	Do NOT us	e retired.)								
	None	C	usto	dian	_							
	-1-2									Surname)		
	FATHER'S NAME (First, Middle, Last) John William GaskinsINFORMANT'S NAME (Type/Print)			ADDRESS ((Street an					State 7	in Code)	
		Same	as 1	.0a,1	э,с,							
	Lucy Gaskins be. METHOD OF DISPOSITION St Burlel 2			PROSPOSIT	onal	ne of	7,	14/94	Quar	TTIC	O, Va	wn, State
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE			22. N	AME AN					-	-	
Juan	nell					3	030	12th	St NE	,DC	2001	
1 Burial 2 Cremation 3 Removal from State Ceffiger Henry 6 of Naterional						e of dyl	ng, suc	h as cardio	c or respi	ratory ar	rest,	Approximate interval Between
IMMEDIATE CAUSE (Final disease or condition		Pneur	non i	а								Onset and Death
resulting in death)	REGISTRAR RECEDENT'S NAME (First, Middle, Last) Adolphus Franklin OCIAL SECURITY NUMBER 5. SEX —12—9788 RACILITY NAME (II not institution, give street and number) GOLDEN OAKS NURSING HOM SIDENCE OF DECEDENT STATE 10b. COUNTY Id PG STREET AND NUMBER 9000 Briarcroft La MARITAL STATUS Never Married 2 Married 12. WAS OECEDENT FORCES? 1 If YES, GIVE W 15. DECEDENT'S EQUICATION (Specify only highest prace completed) Rementary/Secondary (0-12) College (1-4 or 5 +) Th Grade None ATHER'S NAME (First, Middle, Last) John William Gaskins INFORMANT'S NAME (First, Middle, Last) JOHN WILLIAM INFORMANT'S NAME (First,											
	Specify only highest grade completed				t D	eme	nti	a				years
If any, leading to immediate	ATHER'S NAME (First, Middle, Last) John William Gaskins INFORMANT'S NAME (Type/Print) Lucy Gaskins METHOD OF DISPOSITION Burlal 2 Cremation 3 Removal from State Donation 5 Other (Specify) INFORMANT'S NAME (Type/Print) INFORMANT'S NAME (Type											
CAUSE (Disease or injury	Adolphus Franklin Ga AL SECURITY NUMBER S. SEX A. AC 12—9788 BLITY NAME (If not institution, give street and number) GOLDEN OAKS NURSING HOME DENCE OF DECEDENT ATE 10b. COUNTY PG REET AND NUMBER 9000 Briarcroft Lane BITAL STATUS FORCES? 12. WAS OCCEDENT EVER FORCES? 15. DECEDENT'S EQUICATION (Specify only highest grade composited) FORMAT'S NAME (First, Middle, Last) John William Gaskins FORMANT'S NAME (Pype/Print) Lucy Gaskins FINOD OF DISPOSITION Intella 12 (Cremation 3 Removal from State protection 5 Other (Specify) NATURE OF FUNERAL SERVICE LICENSEE ARTY. Enter the diseases, or complications that caurants abock, or heart feiture. List only Dne ceuse or shock, or heart feiture. List only Dne ceuse or shock, or heart feiture. List only Dne ceuse or shock, or heart feiture. List only Dne ceuse or shock, or heart feiture. List only Dne ceuse or shock, or heart feiture. List only Dne ceuse or shock, or heart feiture. List only Dne ceuse or shock, or heart feiture. List only Dne ceuse or shock, or heart feiture. List only Dne ceuse or shock, or heart feiture. List only Dne ceuse or shock, or heart feiture. List only Dne ceuse or shock, or heart feiture. List only Dne ceuse or shock or shock, or heart feiture. List only Dne ceuse or shock or heart feiture. List only Dne ceuse or shock or heart feiture. List only Dne ceuse or shock or heart feiture. List only Dne ceuse or shock or heart feiture. List only Dne ceuse or shock or heart feiture. List only Dne ceuse or shock or heart feiture. List only Dne ceuse or shock or heart feiture. List only Dne ceuse or shock or heart feiture. List only Dne ceuse or shock or heart feiture. List only Dne ceuse or shock or heart feiture. List only Dne ceuse or heart feiture. List only Dne ceuse or heart feit			FI:								
resulting in death) LAST												į
DATY II Other classificant and district		(Table 1 (Table 1)										
PART II. Other significant conditions	contributing to c	death but not r	esulting i	in the und	lerlying	cause g	jiven in	Part i. 2	PERFOR		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
								-	YES 2	NO		OMPLETION OF CAUSE OF DEATH?
	S. SEX 1							-				t 🗆 YES 2 🖼 NO
25. WAS CASE REFERRED TO MEDICAL					26. PL/	CE OF D	EATH (Ch	eck only one)	-			
EXAMINER?		ER/Outpatient 3	□ DOA	OTHER:				8 🗆 Other	Snacify)			
27. MANNER OF OEATH	26a. DATE OF I	NJURY	28b. TIMI		28c. INJU	RY AT			RIBE HOW IN	JURY OC	CURED	
	Adolphus Franklin G AL SECURITY NUMBER			М	1 🗌 Y	ES 2 [NO					
	28e. PLACE OF building, e	INJURY — At ho rtc. (Specify)	me, farm, s	street, lactor	ry, offica				ION (Street a Town, State)	nd Numbe	or or Rural R	oute Number,
290. CERTIFIER 1 SOCERTIFYING PHYSIC	Adolphus Franklin Gas: Adolphus Franklin Gas: Al security Number					CHIIII			1. 2	- 8-9	50.0	
												and manner as stated.
296. SIGNATURE AND TITLE OF CENTIFIER	2 -		.00			29c. LICE	NSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALISI	E OF DEATH (ITE	4 27) (Nn=	Print)		06	0 7	1			11	47/74
7)	Adolphus Franklin Gas L security number S. Sex G. AGE L2-9788 S. Sex G. AGE L2-9788 J. M. 12 F. 7 LITY NAME (If not institution, pive street and number) SOLDEN OAKS NURSING HOME SOLDEN OAKS NURSING HOME FORCES? 1 J. YES SET AND NUMBER 9000 Briarcroft Lane 9000 Briarcroft Lane 12. WAS OCCEDENT EVEN IF FORCES? 1 J. YES IF YES, GIVE WAR TAPP 15. DECEDENT'S EOUCATION (Specify only highest prace completed) 15. DECEDENT'S EOUCATION (Specify only highest prace completed) 16. DECEDENT'S EOUCATION (Specify only highest prace completed) 17. Chade None 18. DECEDENT'S EOUCATION (Specify only highest prace completed) 19. The Grade None 10. Charles None 10. Charles None 11. CY Gaskins 11. CY Gaskins 11. CY Gaskins 11. Complete Specify 12. The first, Middle, Last) 13. DEMANT'S NAME (Tipst, Middle, Last) 14. Charles Specify 15. DECEDENT'S EOUCATION (Specify only highest prace completed) 16. None 16. Specify only highest prace completed Specify 16. DETO (OR AS A STATE OF INJURY thated events and the conditions, leading to immediate Enter UNDERLYING (Disease or injury thated events and independent and the conditions are instituted to the conditions			- 1	mi	2		(12	020		ma	
31. DATE FILED (Month, Day, Year)			4 6		, ,				0 24	1	-	
AUCA 1 1994	Sichia	Lavidson-	Manda	00_								

TO BE COMPLETED BY FUNERAL DIRECTOR

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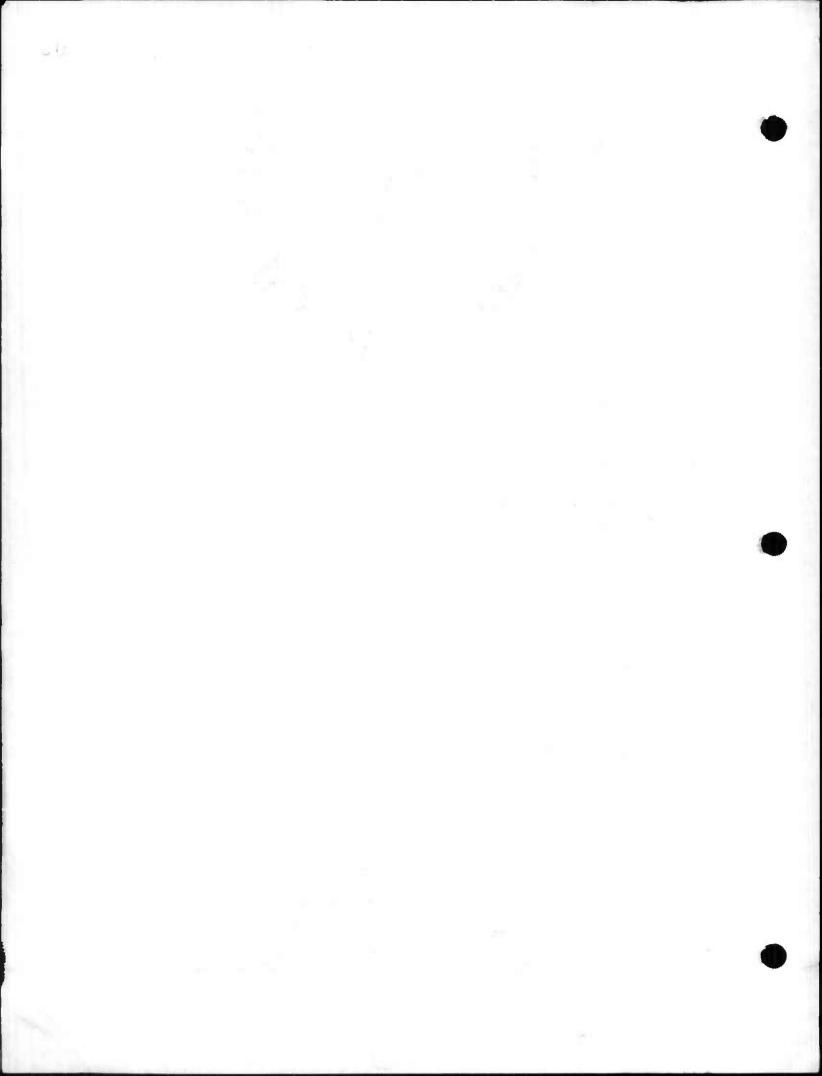
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OHMH-16 Rev 1/89



	FOR
1	STATE
•	REGISTRAR

	1 - STATE REGISTRAR	SIAIE UF	CERTI	FICAT	E OF	DEAT	H UNA	MEN I	AL HYGIE REG. N			
	1. DECEDENT'S NAME (First, Middle,	Last)				DEAT	. 1		E OF DEATH			3. TIME OF DEATN
	RAY	WENDELL	GRIM					JU	LY	29,	1994	8:55 Pm
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthde		R 1 YEAR	IF UNDER			E OF BIRTH nth, Day, Year)			HPLACE (State or Foreign
	213-44-6556	1 📉 M 2 🗌 F	78 YRS	MONTHS	DAYS	HOURS	MIN.	1.		15	Pa	
_	9e. FACILITY NAME (If not institution,	give street end number)		9b. CIT	Y, TOWN	OR LOCATIO	N OF DEA	ATN		9c. CC	OUNTY OF	DEATN
O.	SACRED HEAR	T HOSPIT	AL	CUMBERLAND ALLEGANY						ANY		
EC	RESIDENCE OF DECEDEN 10e. STATE 10b. CO		10c. C	CITY, TOWN OR LOCATION								10d, INSIDE CITY
DIRECTOR	Md.	Allegany		Frost	Frostburg							LIMITS? 1 YES 2 NO
AL	10e. STREET AND NUMBER					. ZIP CODE				10g. C	ITIZEN OF	WHAT COUNTRY?
EB	8 Frost Av	· •				2	21532	2		1	U.S.A	•
FUNERAL	11. MARITAL STATUS		NT EVER IN U.S. ARMED	13.	WAS DEC	ENDENT OF	F HISPANI	IC ORIG	GIN? (Specify)			E — American Indien, ik, White, etc.
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE	MAR OR DATES			2 NO			o riican, etc.)		Spec	offy:
	15. DECEDENT'S		16e. DECEDENT	'e Hellai o	VCCI IDATI	N.		L	NAME OF B		10110	White
COMPLETED	(Specify only highest Elementary/Secondary (0-12)		(Give kind o	of work done	during mo	st of working	7	10	6b. KIND OF B	USINESS/I	NOUSTRY	
2	12	College (1-4 of 5	,	utive	Off	icer		١,	Federa	7 Gor	ert .	
8	17. FATHER'S NAME (First, Middle, Las					ER'S NAM		, Middle, Maide				
BE C	Charles C. G				Ge	rtru	ıde	Patte	rson			
TO B	19e. INFORMANT'S NAME (Type/Print)	19b. MAILI	NG ADDRES	S (Street e	nd Number	or Rural Ro	loute Nui	mber, City or To	own, State,	Zip Code)		
-	Barbara Grim	8 1	Prost	Ave	, Fr	ostb	our	g, Md.	2153	32		
	20e METNOD OF DISPOSITION 1 Buriet 2 Cremetion 3		ob. PLACE AND DATE OF DISPOSITION (Name of suggest, crematory or other pigce) Frostburg Memorial Park 8/1 Frostburg Med								own, State	
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	Frostbu					8/1	Fr	ostb	irg.	Md	
	21. SIGNAL OF TONERAL SERVICE	DE LICENSEE	/	22.		ID ADDRES						
	Mr	1. XJos	n						lome,			, Md.
CERTIFICATION	23. FARY Enter the diseases, abook, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Pogg	OR AS A CONSEQUENCE	9 SI	42	_			ar.			Approximate interval Between Onset and Death
MEDICAL	PART II. Other algorificant cond	E CONTRIBUTE					Iven In F	Part I.	24a. WAS A PERFO	DRMED?	Y 248	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
C	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HQSPITAL:		OTHE		ACE OF DE	ATN (Chec	ck only (one)			
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH	1 M Inpatient 2	ER/Outpatient 3 DOA	4 □ Nu	rsing Hom	e 5 🗆 Res	_					
	1/2 Alatural 5 Pending	28e. DATE Of (Month, I		IME OF NJURY		RK?		28d. DI	ESCRIBE NOW	/ INJURY O	CCURED	
ВУ	Accident Investigat	28a PLACE (DF INJURY — At home, term	afreet ter		/ES 2 🗌		261 1.0	CATION (Stree	at and Alumb	has as Bural	Boude Mumber
	4 Nomicide 6 Could no	pullding	etc. (Specify)	,	no. y, onno			Cit	y or Town, Stel	le)	Jer or Huran	noute Namoer,
COMPLETED			f my knowledge, death occu									e) end menner es stated.
BE C	296. SIGNATURE AND TITLE OF CERT	THE CO				29c. LICES	NSE HUME	BER		29d. D	ATE SIGNED	3 (Month, Digs. West)
	MAGA	wha	aux			0-	17	5	26	-	7-3	10-94
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAU	OF DEATH (ITEM 27) (7)	pe, Print)			1		_ v	_		
	DR. JOHN MEHAN	NNA, M.D.,	909-B SETON	DRI	VE, (CUMBE	RLAN	D,	MD 215	502		
	" "AUG "0"1 "1994	32/REGISTR	on a dissolute									

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. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit per filed within 72 hours after death with the State Dest, of Health and Mental Hydrien noir to buriat remarking or removal	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
I the hospital or attending physic	e detached for use as the buria	t once.

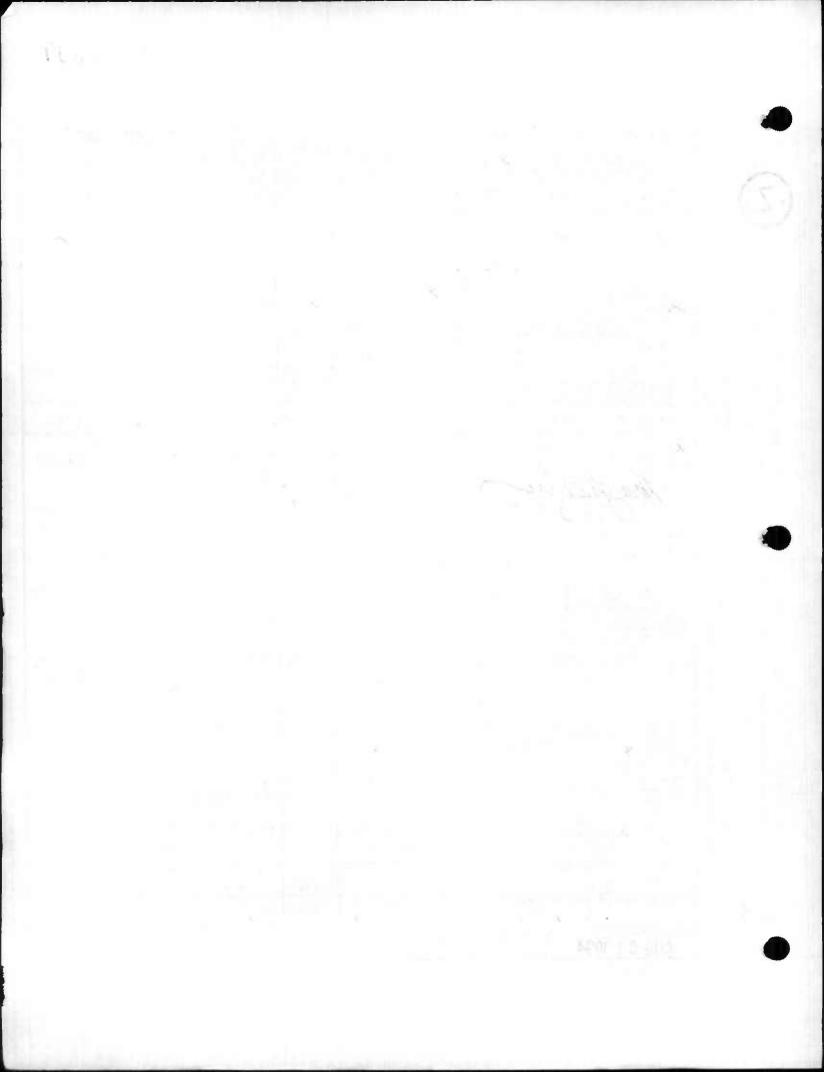
										9	14	24507
	1 - STATE REGISTRAR	STATE OF M					HEALTH		MENTAL HYGIEN			
	4. SOCIAL SECURITY NUMBER		AOMI G	EARY	7	R 1 YEAR	IF UNDER	1 24 HRS.	2. DATE OF DEATH	28	94	3. TIME OF DEATH
	213483887		81	YRS.			HOURS	MIN.	10/25/19	912		YLAND
DIRECTOR	99. FACILITY NAME (If not institution, give stree FROSTBURG VILL		RSING	номі			ROS!			1000	LLEG	
EC	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY
	MD ALLE	GANY		MC	L'ND	SA	VAG	3				LIMITS?
FUNERAL	100. STREET AND NUMBER 14611 BLANK RO	AD, N.	W.			10	2154				FIZEN OF WI	HAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3. Widowed 4 Divorced	2. WAS DECEDENT FORCES? 1 [IF YES, GIVE WI	YES 2	MED NO		If yes, sp	CENDENT Concept Cube	n, Mexica	NIC ORIGIN? (Specify Ye in, Puerto Ricen, etc.) y:	s or No—	Specify	— American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co-		(G.	CEDENT'S ive kind of a Do NOT us HOME	work done se retired.)	during mo	ON ost of working	ng	16b. KIND OF BU	SINESS/IN	DUSTRY	
BE CO												
TO B	190. INFORMANT'S NAME (Type/Print) MARY SWEITZER								Route Number, City or Tov			D 21545
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	1	20b. PLACE / cemetery, cre MT SA	metary or or	ther place!	-		г сі	DATE 20c. LC		City or Tow	
	21. SIGNATURE OF FUNERAL SURVICE LICEN	KEE			H	IARV	EY I	H. 2	ZEIGLER I			ное
	23. PART I. Erter the diseases or conshock, or heart fathure. Lie immediate Cause (Finel disease or condition resulting in death)	at only one caus	e on aach lina	i.	not enter	the mo	ode of dy	ing, auc	h as cerdiac or resp	iratory a	rrest,	Approximate Interval Between Onset and Death
ERTIFICATION	disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions of	contributing to c	death but not r	eauiting i	Jer	nderlyin	g cause (given in	Part I. 24a. WAS AN PERFOI	RMED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIAN		IOSPITAL:			ОТНЕ		LACE OF D	EATH (Ch	eck only one)			
	1 VES 2 No 1 27. MANNER OF DEATH 4 Auturel 5 Pending	26e. DATE OF II (Month, Day	NJURY	28b. TIM	4 25 Nur	28c. INJ WC	IURY AT		6 Other (Specify) 28d. DE\$CRIBE HOW	NJURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF building, e	INJURY — At he	me, tarm, s			YES 2	」 ио	28t. LOCATION (Street City or Town, State,	end Numbe	r or Rural Ro	ute Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: (end manner on wheel
	29b. SIGNATURE AND TITLE OF CERTIFIER				n- n			NSE NUM				Month, Day, Year)
TO BE	30. NAME AND ADDRESS OF PERSON WHO C	~							244		,	9 /5 y

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JESUS H. TAN, MD, FROSTBURG PLAZA, FROSTBURG, MD 21532

31. DATE FILED (Month, Day, Year)
AUG 0 1 1994

321 REGISTRAR'S SIGNATURE



1 - STATE

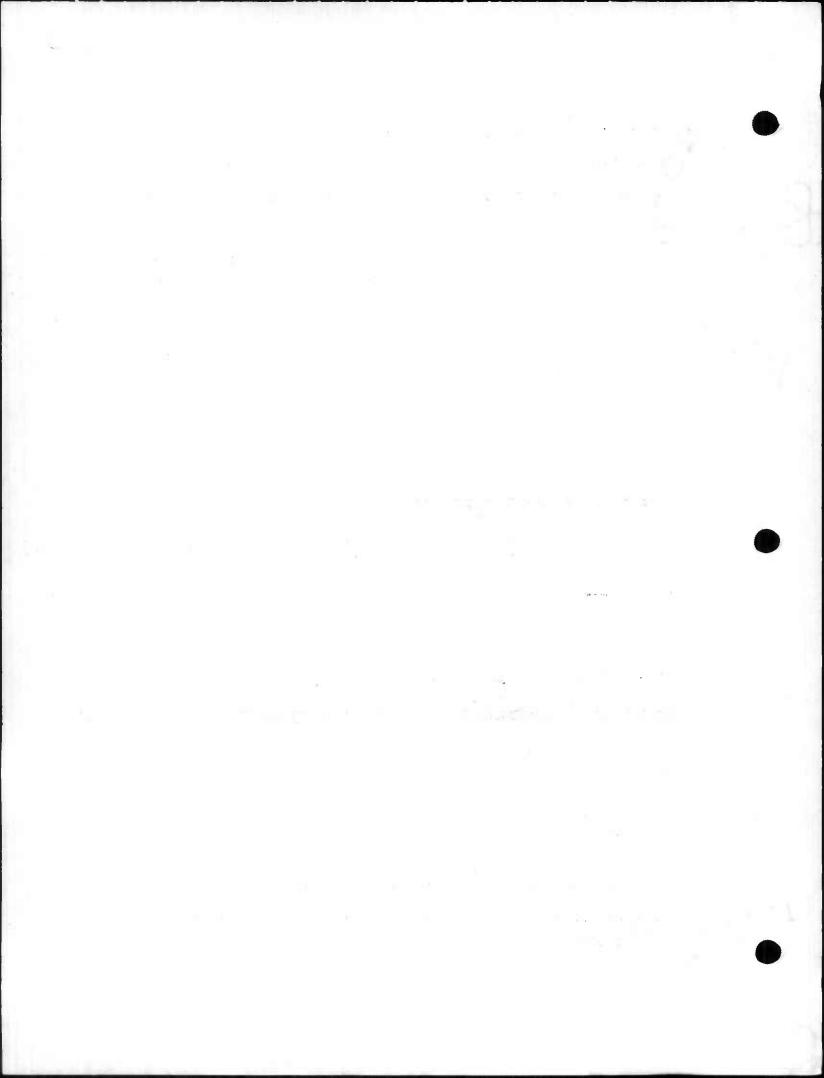
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	F DEATH	RI	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)				-	2. DATE OF D	DAY	VEAR	3. TIME OF DEATH		
	MARGARET	LUCTLLE	Gor	FREY		JULY	29.	1994	8:45	P W	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF B (Month, Day	IRTH				
	411-10-3578 9a. FACILITY NAME (If not institution, give s	1 M 2 F 7	7 YRS.			04	13 17	6. BIRT			
OR	SACRED HEART	HOSPITAL			N OR LOCATION OF D	EATH		LLEGA			
គ្គ	10a. STATE 10b. COUNTY	v -	100 0173								
DIRECTOR	WV Rale		Beckley						10d. INSIDE CITY LIMITS? 1 YES 2 N	10	
FUNERAL	100. STREET AND NUMBER 108 Crawford Str	eet			10g. C		WHAT COUNTRY?				
BY FUN	11. MARITAL STATUS t Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? t YES IF YES, GIVE WAR OR D							ea or No- 14. RACE — American Indian, Black, Whita, atc. Specifynite		
유	15. OECEDENT'S EQU		16a. OECEDENT'S	USUAL OCCUPA	TION	16b. KINI	OF BUSINESS/I	NDUSTRY			
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) 4 (Give kind of work done during most of working life. Do NOT use retired.) Retired Teacher School						rhool				
MP	12 17. FATHER'S NAME (First, Middle, Last)	4	Recite	u reaci							
ğ	Thomas Albert	McNutt, Sr.				L (Glove	, Maiden Surname er))			
8E	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	et and Number or Rural	Route Number, Ci	ity or Town, State.	Zip Code)			
일	Robert A. Godfre	y, III			d; LaVale		21502				
	20e. METHOD OF DISPOSITION 1 X Burlal 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)	oval from State 201	D. PLACE AND DATE OF	PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — CHEER SON—Baptist Church Cem 8/2 Craigsvi							
	21. SIGNATURE OF FUNERAL SERVICE LIC		110	22. NAME Scar	AND ADDRESS OF FA	CILITY			on Mortua	ary	
	23 PADTA Soler the diseases of	Many	w	Beck	ley, WV						
		List only one cause on e	each line.						Approximate interval Bet	ween	
	immediate cause (Final diagose or condition resulting in death) • Mulignan Lymphuma Miral call type • Due to (or as a consequence of):										
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):	me my	an core	- V GIRE	-	6 W	K	
Z	Commodistivities conditions	b									
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF	7):							
윤	CAUSE (Disease or injury	c. DUE TO (OR AS	A CONSEQUENCE OF	3.							
CERTIFICATION	thet initiated events reaulting in deeth) LAST	d		,					į		
2	PART ii. Other significant condition	a contributing to death I	out not resulting !	n the underly	ing cause given in	Part I 24-	WAS AN AUTOPS	v 1	b. WERE AUTOPSY FIND	DIMOS	
EDICAL	Dehydration	gastreets	ritis e	and -	la a a .		PERFORMED?	24	AVAILABLE PRIOR TO COMPLETION OF CAL)	
	1) miella	Roman	0-11	*	reary	_ 1	YES 2 NO		OF DEATH?		
Σ	Dehydration Vunicalla DID TOBACCO USE C	ONTRIBUTE TO	CAUSE OF	DEATH	YES IT NO	X			1 YES 2 NO	,	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				PLACE OF DEATH (C)	neck only one)				_	
SEC	EXAMINER?	HOSPITAL:	patient 3 DOA	OTHER:	ome 5 Residence	57	ncifiv)				
⋛║	27. MANNER OF OEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	OF 26c. I	NJURY AT		E HOW INJURY O	CCURED			
84	1 Natural 5 Pending Investigation	(MOTO), Day, TOBI)	.INJ		WORK? YES 2 NO						
ا ۵	3 Suicida 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, atc. (Spe	f — At home, farm, s cify)	treet, factory, of	fica	281. LOCATION City or Tow	(Street and Numb vn, State)	per or Rural	Route Number,		
COMPLETE		CIAN: To the best of my know							E) and manner so stat	lad.	
	29b. SIGNATURE AND TITLE OF CERTIFIER								- 11 - 14 - 15 - 15 - 15 - 15 - 15 - 15		
	Metos	E. MA	33000	M	D 07	/ 3 5			(Month, Day, Year) 30-94		
٩	30. NAME AND ADDRESS OF PERSON WH										
	DR. VICTOR E. MA	ZZOCCO, M.D.	, 912 SE	CON DRI	VE, CUMBE	RLAND,	MD 215	02			
	"AUG 03 1994	Daniel Par	Calle								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chairs after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the behial-train be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



8pm

DIVISION OF VITAL RECORDS, P.O. BOX 68760.	BALTIMORE, MARYLAND
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospita	er death. Page 6 may be retained by the hospit
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the filled in by the funeral director, page 5 should be detached to the filled in th	the funeral director, page 5 should be detached
The most record and began will be such beyon or regulation of mental regions from the bound. Centalogy, or either traumatic event, the medical examiner must be notified at once.	l examiner must be notified at once.

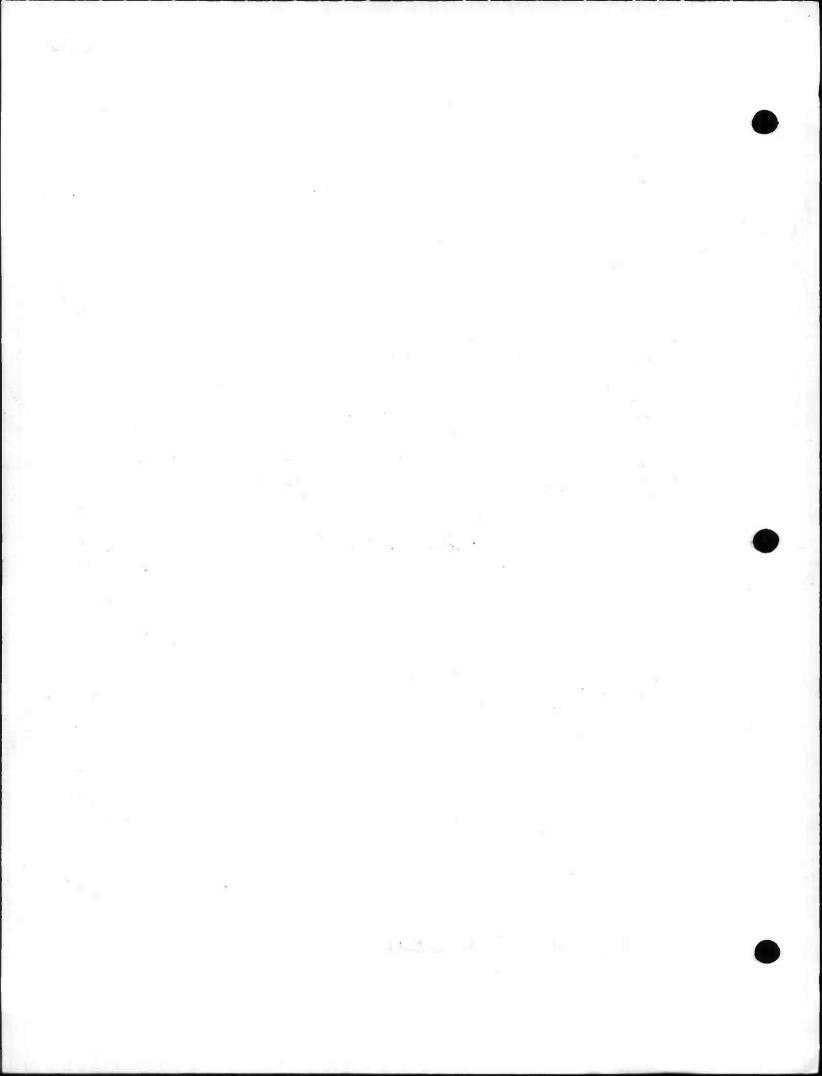
DIVISION

21215-0020 attending phys use as the

									50	}	4002
FOR STATE REGISTRAR		STATE OF I			TMENT OF			MENTAL HYGIEN REG. NO			
1. DECEDENT'S NAME (First		AMELIA MEL (S. GARNI	ER				2. DATE OF DEATH DO	AY	YEAR 94	3. TIME OF DEATH
4. SOCIAL SECURITY HUM 070-26-0		5. SEX	6. AGE (In yrs. last	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	-	Countr	HPLACE (State or Formal) RYLAND
90. FACILITY HAME (If not a ANNE ACECA) PEOLOGIA RESIDENCE OF DE	- CEN	treet and number)	NKLIN + THEORAL VAPOLIS	575 MD	9b. CITY, TOW	POLI		MD		HTY OF D	
100. STATE MARYLAND	10b. COUNTY	NE ARUNDI	EL		Y, TOWN OR LO						10d. INSIDE CITY
10% STREET AND NUMBER 5 KIRBY						101. ZIP COD 21401	E			S.	WHAT COUHTRY?
	Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	TEVER IN U.S. ARI YES 2XXN WAR OR DATES		If yes,	ECEMDENT (specify Cubi ES 2XXNO	in, Mexice	NIC ORIGIH? (Specify Yearn, Puerto Rican, atc.)	or Ho—	Speci	E — American India k, White, etc. ify: BLACK

ete or Foreign D BY FUNERAL DIRECTOR DEK IDE CITY 8 2 HO HTRY? en Indien, COMPLETED 15. OECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIHO OF BUSINESS/IHOUSTRY (Give kind of work done life. Do NOT use retired.) Elementery/Secondery (0-12) College (1-4 or 5+) **TEACHER** SEACHER NEW YORK CITY 4 yrs. 17. FATHER'S HAME (First, Middle, Last) 16. MOTHER'S HAME (First, Middle, Meiden Surname) FRANK A. SIMPSON CARRIE HEBRON BE 19e. IHFORMAHT'S HAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 SINSERI HANSBERRY 5 KIRBY LANE ANNAPOLIS, MD. 21401 20e. METHOD OF DISPOSITIOH

1 X Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATIOH - City or Town, State 4 Donation 5 Other (Specify) ANNAPOLIS. ANNAPOLIS MEM GARDENS 8/9/94 21. SIGNATURE OF FUHERAL SERVICE LICENSEE 22. HAME AND ADDRESS OF FACILITY REESE & SONS MORTUARY, P.A. WEST ST. ANNAPOLIS, MD. 21401 821 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. Liet only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition 2RADR reaulting in death) CERTIFICATION Sequentially list conditions. OUE TO (OR AS A CONSEQUENCE OF): If eny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initieted events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMEO? 1 TES 2 NO to dia 1 _ YES 2 _ NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 HO Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Hame 5 - Residence 6 - Other (Specify) 27. MAHHER OF OEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. IHJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Hatural 1 YES 2 HO BY Ascident Investigation 3 Suicide 26e. PLACE OF IHJURY — At home, ferm, street, fectory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On instion end/or investigation, in my opinion, death occured at the time, date end piece, end due to the cause(e) end menner ee stated. 296. SICHATURE AND TITLE OF CERTIFIER 29c. LICEHSE HUMBER BE 29d. DATE SIGNED (Month, Day, Year) s W mie 9 30. HAME AHO ADDRESS OF PERSOH WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Stwiller Rarball



Mary Land

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2	2	
FILLINGIAN. THE IAM INQUIRED BY BELLINGIA DE EXECUTED WITHIN 24 MOUNT BIET DESTINA DE BIETHED DY LIE NOS	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	
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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF	TMEN ICAT	T OF I	HEALTH	AND	MENTA	L HYGIEI	_		
10	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	J	1:	S. TIME OF DEATH
	VIRGINIA	CART	ER		GARN	ER			MONT	H I	DAY	YEAR	10:25 AM
1	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la:	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	- 6	OF BIRTH		8. BIRTHPI	LACE (State or Foreign
- 0	229-12-1991	1 M 2 X F	74	YRS.	MONTHS	DAYS	HOURS	MIN.		19,	1919	Country)	
	9a. FACILITY NAME (If not institution, give	street and number)			9b, CIT	Y. TOWN	OR LOCATION	ON OF D			_		
DIRECTOR	565 Elk Mills	Road					Mill				30.000		
E C	10a. STATE 10b. COUNT	ry		10c. CIT	Y. TOWN	OR LOCA	TION					1.	od. INSIDE CITY
뜽	Virginia Amb	nerst Co.		1			leigh	ts				- 1	LIMITS?
ابا	10e. STREET AND NUMBER						f. ZIP CODI					YES 2 K NO	
BY FUNERAL	304 Rucker	Street				"		4572	•		,		AI COUNTRY?
ᄬ	11. MARITAL STATUS	12. WAS DECEDEN	T EVER 144 14 14 14										
립	1 Never Married 2 Married	FORCES? 1	YES 2 X	NO	13.	If yes, sp	ecify Cuba	n, Maxica	n, Puerto	Y? (Specify Ye Rican, etc.)	a or No—	a. BIRTHPLAN a. BIRTHPLAN Country) Virg UNTY OF DEATH Cecil 10d 1 TIZEN OF WHAT S. A. 14. Black, Ah Specify: Whit Country VA AA. Trest, 24b. WER AMAI COM OF C 1 CCURED	- American Indian, White, etc.
B	3 X Widowed 4 Divorced	IF YES, GIVE W	AR OR OATES			1 TYES	2 X NO	Specif	y:				
	15. DECEDENT'S EDU	ICATION .	16a DE	CEDENT'S	HELIAL C	VCCI IDATI	011		100	****			te
	(Specify only highest grade	e completed)	(G	ive kind of a	work done	dudaa me	ost of working	g	160	I, KIND OF BU	JSINESS/INL		
2	Elamentary/Secondary (0-12)	College (t-4 or 5	.)										
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			по	mema	ker	T						
		Combon								Middle, Maide			
H							<u> </u>	_		ner C			
일	- State of the sta		19							ber, City or To		_ ′	
	John H. Garner			Rt 1					lurt,		2456		
	20a, METHOD OF DISPOSITION Burlel 2 Cremation 3 Rem	noval from State	20b.PLACE cometery, cre Sprir	matory or o	ther place	1			8/6/	20c. L			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22	NAME A	ND ACCRES	SS OF FA	CHITTY				21.6
	Donard	2 Hi	· Pan							Stre		Α.	
	23. PART I. Enter the diseases, or	complications tha	ceused the de	eth. Do r	not ente	r the mo	de of dyl	ng, suc	h as care	2192	diratory arr	rest.	Approximata
	ahock, or heart fellure.	List only one cau	se on each line).									interval Between
	iMMEDIATE CAUSE (Final disease or condition	72	east (1									Onset and Death
	resulting in death)	e. DUE TO	OR AS A CONSE	OHENCE OF	C.Ry								1475
_ [_	552 10	(OII AS A CONSE	OUENCE O	r).								/
ERTIFICATION	Sequentially list conditions,	b. DUE TO	(OR AS A CONSE	OUENCE OF	FI-								-
AT	if any, leading to immediate cause. Enter UNDERLYING		(0	OULIVOL O	,.								
윤	CAUSE (Disease or Injury that initiated events	c. OUE TO	OR AS A CONSE	OUENCE OF	Ð:								
E	resulting in death) LAST				,								
핑		d					_						
7	PART II. Other significant condition	ns contributing to	deeth but not r	resulting i	in the u	nderlyln	g ceuse g	lven in	Part i.	24a. WAS AI			ERE AUTOPSY FINDINGS
MEDICAL										PERFO	A	C	VAILABLE PRIOR TO OMPLETION OF CAUSE
				_					_	1 1 163	ANO		F DEATH?
									—			'	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					00.00	105.05.0						
2	EXAMINER? 1 YES 2 K NO	HOSPITAL:	2		OTHE	R:	LACE OF O						
¥	27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐					10 5 Ra	sidenca					
	1 Netural 5 Pending	(Month, De		28b. TIM INJ	URY		PRK?		28d. DES	CRIBE HOW	INJURY OC	CURED	
B	2 Accident Investigation			L	М	1 🔲		NO					
	3 Suicide 6 Could not be determined	28a. PLACE O building,	F INJURY — At ha etc. (Specify)	me, farm, s	street, fac	tory, offic			28f. LOC City	ATION (Street or Town, State	and Number	or Aurel Aou	ite Number,
ETED													
7	29a. CERTIFIER (Check only	ICIAN: To the best of	my knowledge, de	ath occurre	d at the	time, data	and place,	and dua	to the cau	se(a) and ma	nner as atat	ed.	
COMPL		ER: On the basia of a											nd menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	-					29c. LICE						
BE	HVanl	h	1)					153			ZVG. DATI	1/1/	OLL
2	30. NAME AND ADDRESS OF PERSON WH	LONS /	E OF DEATH (ITE	M 27) /3ma	(Period)		ע	173	T 4			0/7/	77

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Farkas,

MD

Henry

31. DATE FILED (Month, Day Year) AUG 0 9 94

Northern Chesapeake Hospice

3. Registran's signature

Julia Davidson Andree

111 Howard Elkton, MD

C I

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.														
	1. DECEDENT'S NAME (First, Middle, Last)						11.11		2. DATE OF DEATH ANONTH DAY YEAR 3. TIME OF DEAT					
	SAM		GRIFF						AugusT	11	1994	1923 FM		
	4. SOCIAL SECURITY NUMBER	5. \$EX	6. AGE (In yrs. las		MONTHS D	EAR AYS	HOURS 1	MIN.	7. DATE OF BIRTH (Month, Day, Ye	e nr)	8. BIRTNE Country	PLACE (State or Foreign		
	213-16-0432	1 🖾 M 2 🗆 F	74	YRS.					JUNE 3,	1920	MA	RYLAND		
~	9e. FACILITY NAME (If not institution, give a	,			9b. CITY, TO				TN	9c. C	DUNTY OF DE			
ᅙ	WASHINGTON COUNT	Y HOSPIT	'AL			H	IAGES'	IOMN		\mathcal{U}	ash:	ngton		
рівестов	10e. STATE 10b. COUNTY	1		10c, CITY	, TOWN OR	LOCATI	ION	_				10d. INSIDE CITY		
ᆲ	MARYLAND W	ASHINGTO	N		R	OHR	ERSV	ILLE				LIMITS?		
AL	10e. STREET AND NUMBER					101.	ZIP CODE			10g. C	10g. CITIZEN OF WHAT COUNTRY?			
E	4809 WOODSTOCK I	ANE					21	779			5.A.			
FUNERAL	11. MARITAL STATUS		IT EVER IN U.S. AR	NO If yes, specify Cuben, Mexican, P			ORIGIN? (Specia	- American Indian, White, etc.						
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES	If yes, specify Cuben, Mexican, Puerto Rican, stc. 1 ☐ YES 2 ☒ NO Specify:				-)	Specify	1:				
	15. DECEDENT'S EDUC		WAR II	CEDENTIN	USUAL OCCI	IDATIO						WHITE		
	(Specify only highest grade	completed)	(Gi	ive kind of w	ork done duri	done during most of working					INDUSTRY			
2	Elementary/Secondary (0-12)	College (1-4 or 5	+)			JIDAI	DANT COUNTY GOVERNM					MENT		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			PARK ATTENDANT (WILLIAT.		
	RALEIGH GRIFFITH					MARY MYERS								
) BE	19e. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS (S	treet an	nd Number o	or Rural Ro	ute Number, City o	Town, State,	Zip Code)			
2	SHELVA J. MONGAN		8	02 O	RCHARI	D D	RIVE	BOO	NSBORO,	MARY	LAND	21713		
	20s. METNOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Remo	ovel from State	20b. PLACE	AND DATE O	F DISPOSITION	ON (Nar	me of		DATE 20	LOCATION	— City or Tow	n, State		
	4 Donation 5 Other (Specify)		GREEN	LAWN	MEMOR	IAI	PAR	K 8/	15/94 W	ILLIA	MSPORT	, MARYLAND		
	21, SIGNATURE OF FUNERAL SERVICE LIC	IV					D ADDRES		76	7606 Old National Diko				
	DOJKI	Jan Jo	ohn H. B	ast J	r BA	Boonsboro, MD 21713								
	23. PART I. Enter the diseases, or o	omplications the	it caused the da	ath. Do n	ot anter th	e mod	de of dyin	ig, auch	aa cardiac or	eapiratory	arreat,	Approximate		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arreat, approximate interval Between Onset and Death disease or condition resulting in death) a. Corumna Caphagus 3 Music													
	disease or condition resulting in death)	Ce	un	a	210	166	oqu	1				3 Merie		
		DUE TO	(OR AS A CONSEC	DUENCE OF):	-	1				_	3		
N	Sequentially list conditions,	b												
E	If any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE OF):									
CERTIFICATION	CAUSE (Disease or Injury	C. DUE TO	(OR AS A CONSEC	DIENCE OF	\.									
Ē	thet initiated eventa resulting in dasth) LAST	502.10	TON HO H CONSEC	JOENCE OF).							i		
CEI		d										1		
	PART II. Other algolificant condition	e contributing to	death but not r	eaulting i	n tha unde	rlying	cause gl	van In P	art I. 24a. W	S AN AUTOPS		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
EDICAL	Brook	J	Milm	elol	y r	~8	119	4016	10 11	S 2 NO	- 1	COMPLETION OF CAUSE OF DEATN?		
ME	<u> </u>								\leq			1 YES 2 NO		
ä														
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PL/	ACE OF DE	ATN (Chec	k only one)					
ΙΥS	1 YES 2 NO 27. MANNER OF DEATN	_	ER/Outpstient 3		4 - Nursing				Other (Specify					
	1. Natúral 5 Pending	28s. DATE OF (Month, L		28b. TIME INJ	JRY	wor	RK7		28d. DESCRIBE H	OW INJURY (OCCURED			
ВҰ	2 Accident Investigation	28a DI ACE (OF INJURY — At ho			1 Y		-						
8	3 Suicide 8 Could not be 4 Nomicide determined	building,	etc. (Specify)	ms, term, ø	rreet, ractory	OTTICE			28f. LOCATION (S City or Town,		ber or Rural Ro	ute Number,		
COMPLET	29a. CERTIFIER													
MPI	(Check only CERTIFYING PHYSI											- Control of the second		
8	2 MEDICAL EXAMINE	xamination end/or i	investigation	n, In my opin	ion, de	eath occure	d at the ti	ma, date end plac	e, end due to	the ceuse(s)	and manner as stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIEF	1			29c. LICEN	SE NUMB	DER O	29d. D	ATE SIGNED	Month, Day, Year)				
30' NAME AND ADDRESS OF PERSON, WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)									0/14	76				
	GLORIA F. Pi	ug	366	Ku	enni)	7	. Ha	010	estor	in h	22	1740		
	31. DATE FILED (Month, Day Year) 32. Regulation Review Review													

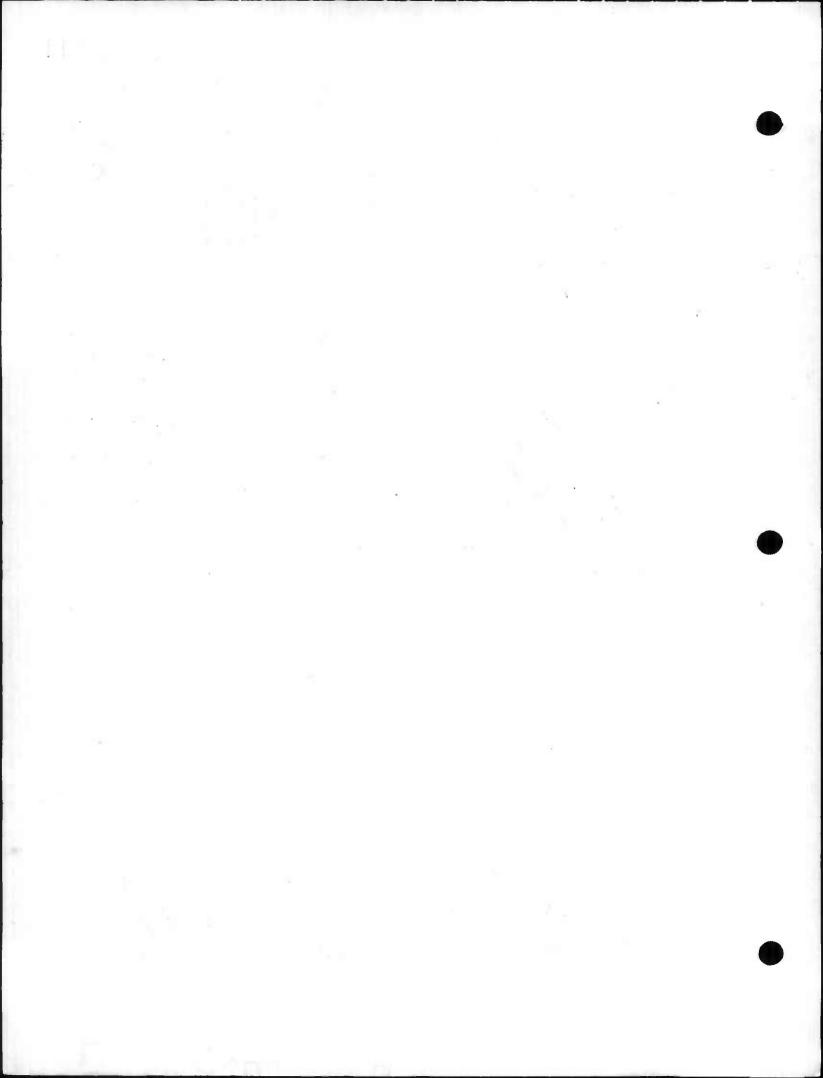
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Proper filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. Cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.



TO BE COMPLETED BY FUNERAL DIRECTOR

STATE REGISTRAR							F DEATH		REG. NO.			
OECEDENT'S NAME (First,								2. DATE	E OF OEATH	× /	YEAR	3. TIME OF OEATH
rthur Eshel		rove s. sex			. 1			8	14	. (14	
12-24-3285	PER	1 X M 2 D F	6. AGE (In yr.	s. last birthdi	MONTH	B DAYS	7	10-	30-1916		Count	
e. FACILITY NAME (If not in	natitution, olve s	**		77		TV TOWN	OR LOCATION OF I	Aug	ust 14		Mary NTY OF C	yland
197 Wayne A	Avenue						stown					oton
De. STATE	10b. COUNT	Υ		10c.	CITY, TOWN	OR LOC	ATION					10d. INSIDE CITY
aryland	Wash	ington		H	agers	stown	1					LIMITS?
e. STREET AND NUMBER						1	IOF. ZIP COOE			10g. CITI	ZEN OF	WHAT COUNTRY?
197 Wayne A	Avenue						21742			U.	S.A	
. MARITAL STATUS Never Merried 2 X Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	K NO	1:	If yes, s	ECENDENT OF HISP/ specify Cuben, Mexic ES 2 NO Speci	an, Puerto		or No—	Spec	
	EDENT'S EDU		164	. OECEDEN	T'S USUAL	OCCUPAT	TION	16	b. KIND OF BUS	INESS/IND	Whi	ite
	y highest grade			(Give kind		ne during n	nost of working				201111	
8		and the or a t		rcraf	t Med	chan	ic	7	viatio	n Cor	mpan	v
FATHER'S NAME (First, M	fiddle, Last)		7		- 110		18. MOTHER'S N				- iprotes	1
uther Grove	2						Katie E	shel	man			
. INFORMANT'S NAME (7				19b. MAIL	ING ADDRE	SS (Street	t and Number or Rura			, State, Zip	Code)	
arrie Shank	Grove	9		119	7 Way	me a	avenue Ha	gers	town. N	Marvl	and	21742
. METHOD OF DISPOSIT	ION		20b. PLA	ACE AND DA	TE OF DISP	OSITION //	Neme of	DA	F 20c LOC	CATION -	City or To	own. State
Burial 2 Cremation Donation 5 Other	on 3 🗆 Hem	IOVEL FOR State	cemeter	y, crematory,	or other plac	(9)		17	MIDDL	FRANK	. MAI	KYLAND
SIGNATURE OF FUNERAL	CO A.	Fiere			I I	2. NAME Doug! Tune:	and address of F las A. Fi cal Home	ery.	1331 I	Easte Stown	ern I	Pennsylva Blvd. North D 21742
3. PART I. Enter the di ehock, or his	SERVICE LI	complications that List only one cau	coused the	e death. D	I I I I I I I I I I I I I I I I I I I	oug] oug] outer	and address of F las A. Fi cal Home	ery	1331 I Hagers	Easte Stown	ern I	Blvd. North D 21742 Approximate Interval Between
B. PART I. Enter the dishock, or himbeliant's CAUSE (Finsess or condition suiting in death) populately list conditions, leeding to immediate, leeding to immediate. Enter UNDERLYI AUSE (Disesse or injust initiated events	Il SERVICE LI	complications that List only one cau e	coused the	e death. Dine.	E OF):	oug] oug] outer	las A. Fi ral Home	ery	1331 I Hagers	Easte Stown	ern I	Blvd. North D 21742 Approximate Interval Between
S. SARTURE OF FUNERAL 3. PART I. Enter the discook, or he amendment of the condition resulting in death) equentially list condition any, leeding to immediate, the condition any, leeding to immediate. Enter UNDERLY AUSE (Disease or injust initiated events resulting in death) LAS	Iservice Line (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	complications that List only one could be DUE TO d. DUE TO d.	OR AS A COM	e death. D line. SEQUENCI MSEQUENCI	E OF):	2. NAME (DOUG)	AND ADDRESS OF FI las A. Fi cal Home node of dying, Bu	ery	1331 I Hagers	Easte Stown alory err	ern l	Blvd. North D 21742 Approximate Interval Betwee Onset and Dec
3. PART I. Enter the di ehock, or he di ehock, or he di ence, or condition esulting in death) equentielly list condition ence in the condition esulting in death) equentielly list condition ence in the condition esulting in death in the condition ence in the cond	Iservice Line (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	complications that List only one could be DUE TO d. DUE TO d.	OR AS A COM	e death. D line. SEQUENCI MSEQUENCI	E OF):	2. NAME (DOUG)	AND ADDRESS OF FI las A. Fi cal Home node of dying, Bu	ery	1331 I Hagers diec or respir	Easte Eastewr ratory err	ern l	Blvd. North D 21742 Approximate Interval Betwee Onset and Dea LOYA WERE AUTOPSY FINDING AMALABLE PRIOR OF COMPLETION OF CAUSE OF DEATH?
3. PART I. Enter the di ehock, or he di ehock, or he di ence, or condition esulting in death) equentielly list condition ence in the condition esulting in death) equentielly list condition ence in the condition esulting in death in the condition ence in the cond	Iservice Line (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	complications that List only one could be DUE TO d. DUE TO d.	OR AS A COM	e death. D line. SEQUENCI MSEQUENCI	E OF):	2. NAME (DOUG)	AND ADDRESS OF FI las A. Fi cal Home node of dying, Bu	ery	1331 I Hagers dlec or respli	Easte Eastewr ratory err	ern l	Blvd. North D 21742 Approximate Interval Betwee Onset and Dea LOYA WERE AUTOPSY FINDING AMALABLE PRIOR OF COMPLETION OF CAUSE
SIGNATURE OF FUNERA B. PART II. Enter the di ehock, or hi MEDIATE CAUSE (Fin seese or condition suiting in death) any, leeding to imme- luse. Enter UNDERLYI AUSE (Disease or inju at initiated events suiting in death) LAS ART II. Other significa	lservice Line ls	complications that List only one could be DUE TO d. DUE TO d.	OR AS A COM	e death. D line. SEQUENCI MSEQUENCI	E OF):	2. NAME DOUG	and Address of Filas A. Filas A. Filas A. Filas A. Filas A. Filas Address of Address A	ch se cei	1331 I Hagers diec or respir	Easte Eastewr ratory err	ern l	Blvd. North D 21742 Approximate interval Betwee Onset and Dee LOYA WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SIGNATURE OF FUNERAL 3. PART I. Enter the dishock, or he shock, or he seese or condition is suiting in death) sequentlelly list condition is suiting in death) sequentlelly list condition is suiting in death) AUSE (Disease or Injurate Initiated events is suiting in death) LAS ART II. Other significant. WAS CASE REFERRED TO EXAMINER?	lservice Line ls	complications that List only one ceu DUE TO DUE TO DUE TO DUE TO HOSPITAL:	(OR AS A COI	e death. D line. SEQUENCE NSEQUENCE NSEQUENCE	E OF):	2. NAME DOUG I	AND ADDRESS OF FLAS A. Firal Home node of dying, su Darlungo	ch se cei	1331 I Hagers diec or respir	Easte Eastewr ratory err	ern l	Blvd. North D 21742 Approximate Interval Betwee Onset and Dea LOYA WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SIGNATURE OF FUNERAL B. PART I. Enter the dishock, or his mediate cause (Fin seese or condition sant), leading to immediate, leading to immediate. Enter UNDERLY! AUSE (Disease or injust initiated events seuting in death) LAS	lservice Line ls	complications that List only one ceu DUE TO DUE TO DUE TO DUE TO HOSPITAL: 1 Impetient 2 286. DATE OF	(OR AS A COM	e death. D	2 Proposition of the second of	2. NAME (DOUG) Funer or the m L L L L L L L L L L L L L	AND ADDRESS OF FLAS A. Fi cal Home node of dying, su Durkungo The place of Death (Come 5 - Reeldence	ch se cei	1331 I Hagers diec or respir	Easte Stown Finding or Manager	ern in, Mirosi,	Blvd. North D 21742 Approximate Interval Betwee Onset and Dea LOYA WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SIGNATURE OF FUNERA D. PART I. Enter the discording to imperate cause (finesees or condition suiting in death) Dequentially list condition suiting in death) Dequentially list condition suiting in death) Dequentially list condition suiting in death) AUSE (Disease or Injust in list and each) ART II. Other signification in list and each) WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO MANNER OF OEATH 1 Natural 8	lservice Life ls	Complications that List only one ceu DUE TO DUE TO DUE TO DUE TO DUE TO HOSPITAL: 1 Inpetient 2	(OR AS A COM	e death. D	E OF):	28. If Washington	AND ADDRESS OF FLAS A. Firal Home node of dying, su Outlange On Cause given in place of Death (Come 5 Reeldence	ch se cei	1331 I Hagers diec or respir	Easte Stown Finding or Manager	ern in, Mirosi,	Blvd. North D 21742 Approximate Interval Betwee Onset and Dea LOYA WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SIGNATURE OF FUNERA 3. PART I. Enter the di ehock, or he model in the sease or condition equentielly list condition equentiellist eq	Iservice Line Iservi	Complications that List only one ceu DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO A DUE TO DUE TO A DUE TO A DUE TO DUE TO A DUE TO A DUE TO DUE TO A DUE	(OR AS A COM (OR AS A COM (OR AS A COM death but in ER/Outpetier INJURY IN, Year) FINJURY — A	e death. Diline. SAVA NSEQUENCE NSEQUENCE not resultin rt 3 DOI 28b.	E OF): OTHING OF INJURY M	underlyl 26. IF 28c. IF	AND ADDRESS OF FLAS A. Fire all Home node of dying, su Darlungo ause given in place of Death (Comp. 5 Residence NORKY at NORKY at NORKY YES 2 NO	ch se cei Part I. heck only of 28d. DE	1331 I Hagers diec or respir	Easte Stown and The Stown and	ern] , MI rest,	Blvd. North 21742 Approximate Interval Betwee Onset end Dee LOYUS WERE AUTOPSY FINDING MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
3. PART I. Enter the dishock, or his hock, or his his hock, or his	lservice Life ls	Complications that List only one ceu DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO A DUE TO DUE TO A DUE TO A DUE TO DUE TO A DUE TO A DUE TO DUE TO A DUE	(OR AS A COI (O	e death. Diline. SAVA NSEQUENCE NSEQUENCE not resultin rt 3 DOI 28b.	E OF): OTHING OF INJURY M	underlyl 26. IF 28c. IF	AND ADDRESS OF FLAS A. Fire all Home node of dying, su Darlungo ause given in place of Death (Comp. 5 Residence NORKY at NORKY at NORKY YES 2 NO	ch se cei Part I. heck only of 28d. DE	1331 I Hagers diec or respir	Easte Stown and The Stown and	ern] , MI rest,	Blvd. North D 21742 Approximate Interval Between Onset and Dee LOYUS WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO
3. PART I. Enter the di ehock, or he managementielly liat condition equentielly liat condition experience of the liam equentielly liat condition experience of the liam equentielly liable l	Iservice Life Service Life Serv	COMPICE COMPICE TO COM	(OR AS A COM (OR A	e death. D line. SAVA NSEQUENCE NSEQUENCE NSEQUENCE NSEQUENCE At home, fen	2 Proposed at the surred at th	28c. If a sectory, off	AND ADDRESS OF FLAS A. Firal Home node of dying, su Darlango Oral Home node of dying, su Darlango Oral Home of Darlango Oral Home of Darlango Oral Home of Death (Come 5 Reeldence NURKY AT YES 2 NO NO NO NO NO NO NO	ch se cei Part I. heck only of 281, LOi Chy e to the ca	1331 I Hagers diec or respiration of the second of the sec	AUTOPSY MED? IN NO IN	24t	Blvd. North D 21742 Approximate Interval Betwee Onset and Dee LOYUS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
3. PART I. Enter the di ehock, or he MMEDIATE CAUSE (Fin Ilseese or condition esulting in death) Gequentielly list condition esulting in death) ART II. Other signification in death)	Iservice Line (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	CENSEE Complications that List only one cau DUE TO DUE TO DUE TO DUE TO DUE TO A contributing to Pacontributing to 28e. DATE OF (Month, Deliver) 28e. PLACE Of building, ICIAN: To the best of experience	(OR AS A COM (OR A	e death. D line. SAVA NSEQUENCE NSEQUENCE NSEQUENCE NSEQUENCE At home, fen	2 Proposed at the surred at th	28c. If a sectory, off	AND ADDRESS OF FLAS A. Firal Home node of dying, su Darlango Oral Home node of dying, su Darlango Oral Home of Darlango Oral Home of Darlango Oral Home of Death (Come 5 Reeldence NURKY AT YES 2 NO NO NO NO NO NO NO	ch se cei Part I. heck only of 281, LOi Chy e to the ca	1331 I Hagers diec or respiration of the second of the sec	AUTOPSY MED? IN NO IN	24t	Blvd. North D 21742 Approximate Interval Between Onset and Dee LOYUS WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO
3. PART I. Enter the dishock, or his was condition assulting in death) any, leeding to immediate, enter UNDERLY AUSE (Disease or Injurat initiated events assulting in death) LAS ART II. Other signification and the second of	Iservice Line (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	CENSEE Complications that List only one cau DUE TO DUE TO DUE TO DUE TO DUE TO A contributing to Pacontributing to 28e. DATE OF (Month, Deliver) 28e. PLACE Of building, ICIAN: To the best of experience	(OR AS A COM (OR A	e death. D line. SAVA NSEQUENCE NSEQUENCE NSEQUENCE NSEQUENCE At home, fen	2 Proposed at the surred at th	28c. If a sectory, off	AND ADDRESS OF FLAS A. Firal Home node of dying, su Darlango Oral Home node of dying, su Darlango Oral Home of Darlango Oral Home of Darlango Oral Home of Death (Come 5 Reeldence NURKY AT YES 2 NO NO NO NO NO NO NO	ch se cei Part I. heck only of 28d. DE 28f. LOCOL	1331 I Hagers diec or respiration of the second of the sec	Eastestown along errors and Number occurrence estated due to the	cured or flural ted.	Blvd. North D 21742 Approximate Interval Betwee Onset and Dee LOYUS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. To have feath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEDAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

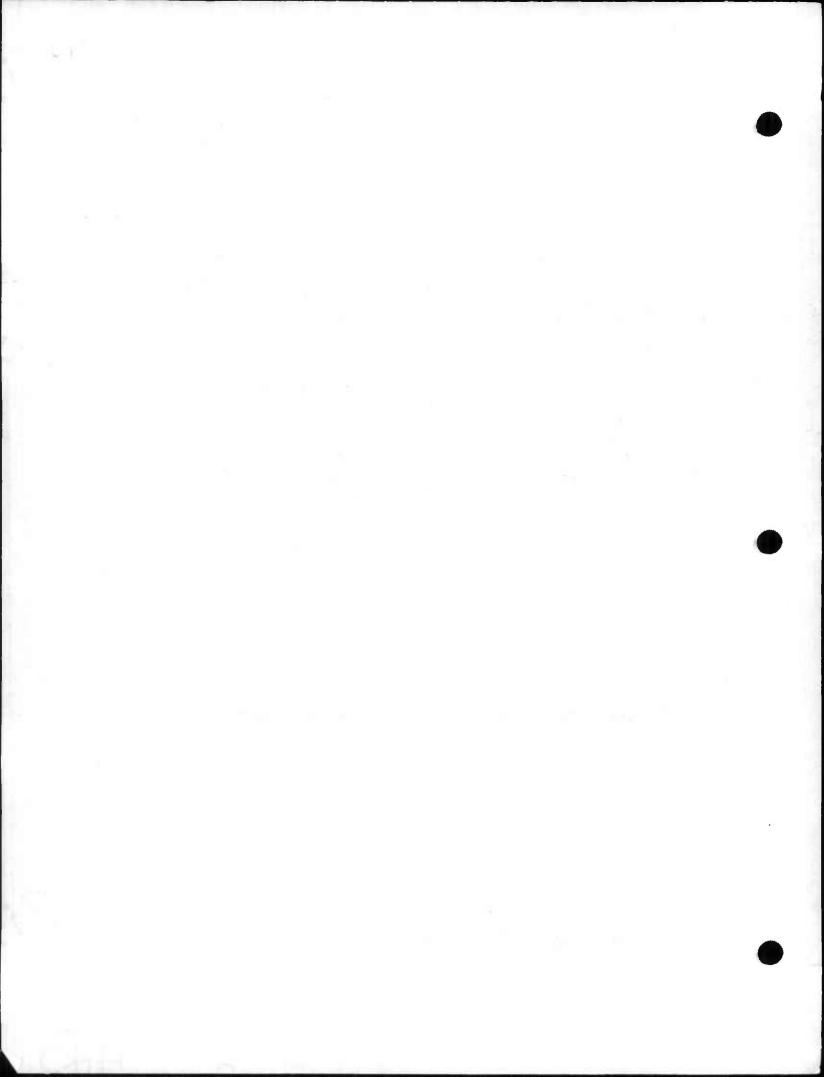
31. DATE FILED (Month, Day, Year) AUG 1 5 1994

32. REGISTRAR'S SIGNATURE

SI 000 FE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	nay be retained by the hospital or attending physician.
TO THE FUNCRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept, of Heatth and Mental Hygiene prior to burial, cremation, or removal.	; page 5 should be detached for use as the burial-tran-
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	st be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H			YGIENE EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)	Julia H.	Gordon			2. DATE OF MONTH AUGUS	DEATH	199	3. TIME OF DEATH 94. 1:53 P. M
	4. SOCIAL SECURITY NUMBER 533-22-2866	1 🗆 M 2 😾 F	71 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		1922	No.	orth Dakota
TOR	90. FACILITY NAME (# not institution, give s Washington Count RESIDENCE OF DECEDENT			Hager	S town	EATH		washi	ington
DIRECTOR	Md. Was	v hington	1	TOWN OR LOCAT					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	7 E. Washington			101	21740		10g.	U.S.	A.
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, sp	ENDENT OF HISPAN ecify Cuben, Mexica 2 DKNO Specify	n, Puerto Rica		В	NACE — American Indian, Black, White, etc.
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)		life. Do NOT use	rk done during mo		16b, KIN	D OF BUSINES		ry .
COM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	1111			
BE	011 19a. INFORMANT'S NAME (Type/Print)	ie K. Hegland					ingelar		
2	Susan Downin				nd Number or Rurel F Road Wa				
	20e. METHOD OF DISPOSITION 1 M Buriel 2 Cremetton 3 Rem 4 Donation 8 Other (Specify)	ioval from State 20b.	PLACE AND DATE OF CHERY, Crematory protection	DISPOSITION (Na	me of	OATE	20c. LOCATIO	N — City o	
	21, SIGNATURE OF FUNERAL SERVICE LIK	: Zimnen	-3	Zimm Gree	erman An ncastle,	d Son Pa. 1			ne
	IMMEDIATE CAUSE (Final	a. Hypertens	ach lina.	dio Va				, arrest,	Approximate Interval Batween Onset and Daath years
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF):						
AL CE	PART II. Other significant condition	na contributing to death b	ut not reaulting in	tha underlying	cause given in	Part I. 244	L WAS AN AUTO	PSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA	DID TOBACCO USE					1(PERFORMED?	·	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF DEATH (Ch				
YSIC	1XX YES 2 NO	HOSPITAL: 1 Inpatient 2 MER/Outp	etient 3 🗆 DOA 4		e 5 🗆 Residence	8 Other (Sp	ecify)		
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY WO	RK? (ES 2 NO	28d. DEŞCRI	BE HOW INJURY	OCCURE	D
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, str	eet, fectory, offic			N (Street and Nu wn, Stete)	mber or Ru	iral Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	ER: On the best of my knowl	ledge, death occurred n end/or investigation,	at the time, date	end place, end due eath occured at the	to the cause(e	piece, end due	stated.	ee(e) end menner ee stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIES	DIXIO			29c. LICENSE NUN	MBER			NED (Month, Day, Year)
2	30. NAME AND AGORESS OF PERSON WH			Print)	DO1062	_		Augus	st 16, 1994
	Edward W. Ditto, III.		W. Washingt		Hagerstown	n, MD.	21740		14/
ļ	31. DATE FILED (Month, Day, Year) AUG 1 6 1994	32. RESISTARTS-GIGN.	ATURE						



30X 68760, BALTIMORE, MARYLAND 21215-0	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

	REGISTRAR		CE	RTIF	ICATE C	F DEAT	Н	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH		7733/201	3. TIME OF DEATN
	Winnifred J,	Hamilton						Augu	st 0	5, 1	994"	0818 p M
	4. SOCIAL SECURITY NUMBER 577 32 4482	1 M 2 X F 80	E (In yrs. last I	birthday) YRS.	IF UNDER 1 YEA		24 HRS. MIH.	7. DATE OF (Month, D)	me Manet	4	a. BIRTHI Coupin Wash	PLACE (State or Foreign
DIRECTOR		street and number) 1 Hospital			96. CITY, TOW Princ	or location	eder					
E	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LO	CATION						10d. INSIDE CITY
	Arizona Mari				Phoen:	ix						LIMITS?
FUNERAL	13051 N 18th Str	eet				85022	-503	37				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	8 2 NO		II yes	SPECENDENT OF SPECIFY Cubar (ES 2 X NO	n, Mexica	n, Puerlo Rice	Specify Yea in, etc.)	or No—	Black,	- American Indian, White, atc.
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give	e kind of i	USUAL OCCUP. work done during se retired.)	ATION most of working	g	16b. Kil	NO OF BUS	INESS/IN	OUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	home					r	n/a			
	17. FATNER'S NAME (First, Middle, Last) Charles Leroy Say	re						ME (First, Midd Brosr		Surname)	a. BIRTHPL B. COUNTY OF DEAT CALVERT 10g. CITIZEN OF WHA United Sta Or No- 14. RACE Black, W Specify: WESS/INOUSTRY VINAMO CAL. Funeral Hotel REpublication Street, CALVERT 10g. CITIZEN OF WHA United Sta Or No- 14. RACE Black, W Specify: WESS/INOUSTRY 24b. WI BLOOPSY ACC OF OF OF OF OF OF OF OF OF	
H	19a. INFORMANT'S NAME (Type/Print)	16	19h	MAILING	ADDRESS /Store					Cast 7	in Code	
٩	Joe Hamilton				Box 20							
	20a. METHOD OF DISPOSITION 1 Disposition Disposition	oval from State	b. PLACE AN	DDATE O	of Disposition	(Name of the S	sea ⁸	/9/94				
	21. SIGNATURE OF FUNERAL SERVICE LIC				_	AND AOORES		CILITY				
	Dham	DCC										ic Maryland
	IMMEDIATE CAUSE (Finsi	List only one cause on	eech line.									Approximats intervei Bstween Onset and Death
l	resulting In death)	a. //ASSI/	A CONSEQU	JENCE O	P):	5051	38 A	te f	ten	EST.	HAG-	18 Hour
NO	Sequentielly list conditions,	b. DUE TO (OR AS	A CONSEQU	JENCE O	ار می							
CAT	if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a ATRIA	~	F	3521	477	101	<i>,</i> ,				
CERTIFICATION	thet initieted events resulting in desth) LAST	OUE TO (OR AS	A CONSEQU	JENCE O	F):							
2	PART II. Other significent condition	as contributing to death	but not res	suitina	in the underly	ting cause o	lven in	Part 1 24	- WAC AN	ALITOREY	245	WERE AUTOPSY FINDINGS
EDICAL	N/A					mig codae gi			PERFOR	MED?		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
Σ.	DID TOBACCO USE CONT	RIBUTE TO CAUSE (OF DEAT	H YE	S I NO		EDTAIN					1 TYES 2 NO
AA	25. WAS CASE REFERRED TO MEDICAL				TH (Check only o		LIXIAII	101				
SIC	EXAMINER?	HOSPITAL:	tpatlant 3	DOA	OTHER:	ome 5 🗆 Res	eldence	8 Other (Sp	pecify)			
Y PHYSICIAN: ME	27. MANNER OF DEATN 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)		28b. TIM INJ	E OF 28c.	INJURY AT WORK?				JURY OC	CURED	7 7 7 6
TED BY	2 Accident Investigation 3 Suicide 6 Could not be datarmined	28a. PLACE OF INJUR building, atc. (Sp	RY — A1 home ecify)	a, 1arm, i		-1.1			ON (Street a: own, State)	nd Numbe	or Rural Ro	oute Number,
COMPLET		ICIAN: To the best of my kno										
8		/	on and/or Inv	veatigatio	n, in my opinior	, death occure	d at the	time, data and	l placa, and	dua 10 1	he cause(a)	and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFUE	-				29c. LICE						
٥	30. NAME AND AGORESS OF PERSON WH					D'	120	100			,0,0	26.14
	Harry, Kerasidi		Prince	e F	rederi	ck MD	20	0678.			_	
	AUG - 8 1994	32. REGISTRAR'S SIG	Rada	Ц.								

 FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CER	TIFIC	ATE OF	DEATH	F	REG. NO.	_			
3	1. DECEDENT'S NAME (First, Middle, Lest) MYRNA PARKER	HUMKE					2. DATE OF	DEATH	1994	YEAR	3:40p.m.	
9	4. SOCIAL SECURITY NUMBER 214-48-8231	5. SEX 6. /	NGE (In yrs. lest birt 92 v		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 1 (Month, Da April	ry. Year)	1902	Count	IPLACE (State or Foreign η)	
TOR	9a. FACILITY NAME (If not institution, give DOCTORS COMM RESIDENCE OF DECEDENT		PITAL			SEABROO				NCE (GEORGE'S CO.	
DIRECTOR	10a. STATE 10b. COUNT	TY	1.5		OWN OR LOCAT						10d. INSIDE CITY LIMITS?	
	N/A N/A		W	ashi	ngton,	DC					1 X YES 2 NO	
FUNERAL	3050 Military Ro	ad N.W.				0015			10g. CIT		WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 IF YES, GIVE WAR C	YES 2 X NO		If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexica 2 NO Specify	n, Puerto Rica	pecify Yea n, etc.)		14. RAC	E — American Indian, k, White, etc. White	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	16a. DECEDI (Give ki life. Do l	ENT'S USU ind of work NOT use re	JAL OCCUPATION done during motired.)	ON st of working	16b. KIN	D OF BUS	SINESS/INI	DUSTRY		
<u>a</u>	12		Homem	omemaker				Hom	e			
ő	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Midd	le, Maiden	Sumame)			
BE C	Clarence F. Park	er		18. MOTHER'S NAME (First, Middle, Maiden Jesse Withem								
	19a. INFORMANT'S NAME (Type/Print)		19b. M/	AILING AD	DRESS (Street a	nd Number or Rural i	Route Number, (City or Town	n, Statu, Zi	p Code)		
9	Eulaine H. Jones		610	0 We	stches	ter Park	Drive	#15	10,	Co11	ege Park, MD	
	20a METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	cemetery, cremeto	DATE OF D	place)	me of	DATE O/		CATION —		•	
	21. SIGNATURE OF FUNERAL SERVICE LE	CENSEE	l	-CR (k Cemetery 08/03/94 Washingto 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral							
	· Clearles	KBOP)									ne, P.A. e, MD 20781	
	23. PART i. Enter the diseeses, or	complications that car	used the deeth.	Do not	enter the mo	de of dying, auc	h aa cardiac	or reapi	ratory er	reat,	Approximate	
	shock, or heert failure. iMMEDIATE CAUSE (Finel disease or condition resulting in death)			ICE OF):	·vsj	nato	en a	me	184		interval Between Onset and Death	
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
EDICAL	PART II. Other significant condition	ns contributing to dea	th but not resul	iting in t	he underlying	g cause given in		PERFOR	MED?	24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Σ	DID TOBACCO USE	CONTRIBUTE T	O CAUSE	OF D	EATH Y	ES TI NO	TO				1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	- I I I I I	O CAOUL	<u> </u>		ACE OF DEATH (Ch		_				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	Outnotiers 2 17 c		THER:							
Ä	27. MANNER OF DEATH	28a. DATE OF INJU		b. TIME O		e 5 Residence	28d. DESCRI		NJURY OC	CUBED		
	1 Natural 5 Pending	(Month, Day, Ye	990	INJURY		RK? YES 2 NO						
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF IN. building, etc.	IURY — Al home, (Specify)	lerm, stree			281. LOCATIO	ON (Street a own, State)	and Numbe	r or Aurat	Route Number,	
COMPLETED		BICIAN: To the best of my I) and manner sa stated.	
TO BE C	396. SIGNATURE AND TITLE OF CERTIFIE	MISI	mer	_ /	m	29s. LICENSE NUN	48 E	0	29st, DAT	SIGNED	Money Day Man	
-	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE O	BEATH (ITEM 27)	(Type, Prir	90)					-/-	/ /	
	AUG 0 3 19	94 32 RECORPTIONS	Bany door-V	andel	2							

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the mospital or attending physician or the mospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlarity be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

FOR

	1 - STATE REGISTRAR	SIAIL OF I	CE	RTIF	ICATE C	F DEAT	H H		EG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH			3. TIME OF DEA	ATH	
	RUSSELL S	TEWART	HOHMAN	N				July	27		994	11:05	Ам	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEA	A IF UNDER 2	4 HRS.	7. DATE OF I	BIRTH		8. BIRTH	IPLACE (State or I		
	220-42-1216	1 🔀 M 2 🗆 F	84	YRS.	MONTHS DAY	8 HOURE	MIN.	Sept.	29.	190	9 Was	sh. D.C		
	9a. FACILITY NAME (If not institution, give	street and number)			96. CITY, TOW	N OR LOCATIO	N OF DE			_	INTY OF D			
DIRECTOR	Greenbelt Nursi	ng Home			Green	belt_				Pr	ince	e George's		
Ö	10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN OR LO	CATION						10d. INSIDE CIT	TY	
5	MD Prin	ce George	s	Ne	w Carr	ollton						LIMITS? 1 √ YES 2 NO		
	10e. STREET AND NUMBER					10f. ZIP CODE				10g. CI	TIZEN OF W	ZEN OF WHAT COUNTRY?		
ER,	8500 Oglethorpe	St.	20784							1	J.S.A			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	ENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPAN								14. RACE	- American Inc	dian,	
BY F	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE V	∐ YES 2 X N WAR OR DATES	YES 2 NO If yes, specify Cuban, Maxican					n, etc.)		Speci	White		
	15. DECEDENT'S ED	16a. DE0	CEDENT'S	USUAL OCCUP	ATION		16b, KIN	ID OF BUS	SINESS/IN					
E	(Specify only highest grade Elementary/Secondary (0-12)	(Gr	ve kind of Do NOT u	work done during	most of working	,	100111							
7	1.2	Maker			U.S.	Nav	ν Gι	ın Fa	ctory					
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (Fir													
C	John Hohmann						Harrov			ann				
BE (19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Sta						n, State, Z	io Code)	-			
2	Margaret F. Hoh	mann	8500 Oglethorpe St. New Carro						rol1	lton.	MD.	20784		
	20s. METHOO OF DISPOSITION		20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION —											
	1 😾 Burlal 2 🗆 Cremation 3 🗆 Ra 4 🗀 Donation 5 🗆 Other (Specify)	moval from Stata	Fort Lincoln Cemetery 7-29-94 Brentwood,							od. I	Marvlan	d		
	21. SIGNATURE OF FUNERAL SERVICE LICENSÉE 22. NAME AND ADDRESS OF FACILITY FORT Lincoln Funeral Home Inc.													
Ì	DIN 9	School Sold												
	23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreat, Approximate													
	ehock, or heart failura	. List only one cau	ise on aach line.								,	interval I	Between	
	IMMEDIATE CAUSE (Finel disease or condition	C.	polu									Ottaet at	id Death	
	resulting in death)	41	(OR AS A CONSEC	DUENCE O	F):					_				
-	_											į		
<u> </u>	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	UENCE O	F):	-								
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	C.												
E	that initiated evente	DUE TO	(OR AS A CONSEQ	UENCE O	F):									
CERTIFICATION	resulting in death) LAST	d												
	PART II. Other significant condition	one contributing to	deeth but not re	eeulting	in the underl	/Ing cause of	ven in	Part I. 24	WAS AN	AUTOPSY	246	. WERE AUTOPSY	FINDINGS	
S	forkinson's	10000							PERFOR	MED?	1	AVAILABLE PRIOR	R TO	
								''	YES 2	NO		OF DEATH?		
Σ.	DID TOBACCO USE	CONTRIBILIT	E TO CALL	SE O	E DEATH	VES [NC	7 17				1 YES 2	NO	
M	25. WAS CASE REFERRED TO MEDICAL	CONTRIBUT	L IO CAU	<u> </u>		PLACE OF DE								
PHYSICIAN: MEDICAL	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DO4	OTHER:									
¥	27. MANNER OF DEATH	26s. DATE OF	INJURY	28b. T/N	E OF 28c.	INJURY AT	-Jerica	28d. DESCRI		NJURY O	CURED			
	1 Natural 5 Pending	(Month, D	lay, Ybar)	IN.	JURY	WORK?	NO				JOUTHE			
ВУ	2 Accident Investigation 3 Suicida 8 Could not be	26a. PLACE O	F INJURY — At hor	ma, farm,			-	28f. LOCATIO	N (Street I	and Numbe	or Or Rural F	Route Number.		
COMPLETED	4 Homicide detarmined	building,	atc. (Specify)					City or To	wn, State)					
٦	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of	my knowledge der	oth occurr	ad at the time of	late and piece	and due	to the causes's) and mar		dad			
N N	(Check only one) 2 MEDICAL EXAMI) and menner as	stated.	
	29b. SIGNATURE AND TITLE OF CERTIFI		-						, 200					
8	0911- Uc/1		precing	AH	priber	29c, LICEI				29d. DA	7/2 A	(Month, Day, Year	7	
임	30. NAME AND ADDRESS OF PERSON W	HD COMPLETED CAU	SE OF DEATH (ITEM	1 27) (Tros	, Print)						1/20	117		
	Don H. Yablan	owite T	7425 F.	9-6-4	Olv	el, # 1	0 1	Serb	rost	- 1 ^	2	9700		
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	H'S SIGNATURE	Rande	00			-		-				
- 1	AUG 0 2 199	4 Juna	NEWLINDI	1										

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within— hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to be filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

OHMH-16 Rev 1/89

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	* REGISTRAR				ICAIL	OF DEA			REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH			3. TIME OF DE	ATH
77	JAMES ALFRED			HILLMAN				JULY 27. 1994			YEAR		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is		# UNDER 11	FAR E INIO	ER 24 HRS.	7. DATE OF		1994	a purv	HPLACE (State or	
		1 M 2 F		YRS.	7-	AYS HOURS	Y	(Month, D	as Year)	. 1	CHE	LBY N.C	ureign
	579 36 0736	**	63	rria.					12 3	_			
~	9e. FACILITY NAME (If not institution, give street and number)				9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF					INTY OF E	HTAS		
DIRECTOR	PRINCE GEORGE HOSPITAL CENTER				CHEVERLY PRINCE GEOR					GEORGES			
5	RESIDENCE OF DECEDENT												
2								10d. INSIDE CIT					
	MARYLAND PRINCE GEORGES				OXON HILL							1X YES 2	NO
A	10e. STREET AND NUMBER				101. ZIP CODE			10g. CiT			FIZEN OF WHAT COUNTRY?		
E	5016 LELAND		20745			UNI			TED STATES				
FUNERAL	5016 LELAND DRIVE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.			. ARMED 13. WAS DECENDENT OF HISPAI			HC DRIGIN? (Specify Yes or No-			14. RACE — American Indian, Black, White, etc.		tian	
	1 Never Married 2 Married FDRCES? 1 NY YES 2 IF YES, GIVE WAR OR DATES			NO If yes, specify Cuban, Mexic			en, Mexice	nn, Puarto Rican, etc.)					21001,
BY	3 Wildowed 4 Divorced							Spec B L	ÄCK				
0	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY												
	(Specify only highest grade completed)				(Give kind of work done during most of working life. Do NOT use retired.)						DOSTINI		
7	Elementary/Secondary (0-12) Cotlege (1-4 or 5 +) 3 VTS			OWNER				н	H & H CONSTRUCTION			TION CO	
COMPLETED	9 710										11011 00		
	17. FATHER'S NAME (First, Middle, Last)								E (First, Middle, Maiden Surname)				
BE	GREEN HILLMAN				MATTIE LATTI				Y.I.I.TW	MORE			
2						itreet end Numb					p Code)		
	PEARLINE HAWKIN	S (SIST	CER)	501	6 LELA	AND DR	IVE O	XON H	ILL M	\mathbb{D} 2	0745		
	20s. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Rem		20b. PLACE	ANDDATE	OF DISPOSITI	ON (Name of		DATE	20c. LO	CATION -	City or To	own, State	
	4 Donation 5 Other (Specify)	toval from State	MARYT	LAND or o	NATION	NAL CEN	1ERER	Y 8/1	LAU	REL	MD		
- 1													
- 4	22. NAME AND ADDRESS OF FACILITY OF FUNERAL HOMES-M859												
_	2617 PA AVE SE WASH DC 20020												
	23. PART i. Enter the diseases, or	complications that	caused the d	leath. Do i	not entar th	e mode of d	ying, auc	h aa cerdied	or reapi	ratory ar	reat,	Approxi	
- 1	IMMEDIATE CAUSE (Final	shock, or heart failure. List only one cause or each line.							interval Onset a				
	disease or condition									IUIDANGI			
	disease or condition	. Du	Mrs	M	ny	011	N					3	ma
		·	OFF AS A CONSE	MUEDUENCE O	Ny	OW	N					3	ma
_	disease or condition	·	(OFI AS A CONSE	EQUENCE OF	ny in	ow	N					72	he,
NOI	disease or condition resulting in death) Sequentially list conditions,		(OF AS A CONSE	EQUENCE OF	ny in	OW	N		,			72	he,
ATION	disease or condition resulting in death)		OFF AS A CONSE	EQUIENCE OF	MY M	bru	in	mit	5			72 1mg	he,
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	(OR AS A CONSE	EQUIENCE OF	MY M	pm	SK.	mit	5			72 1m	he,
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	EQUENCE O	my has	mu	M.	mit	5			72 1m	he,
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Operior	OR AS A CONSE	EQUIENCE OF	my in	mu	in.	mit	5			12 Im	he,
L CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Due to o	OR AS A CONSE	EQUENCE OF THE PROPERTY OF T	in the under	buu fuu riying cause	Lyn-	Part I. 24	S WAS AN	ALITOPSY	244	TZ IM IM	he,
	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Due to o	OR AS A CONSE	EQUENCE OF COUNTY TO SHARE THE COUNTY TO SHARE	ny high in the under	DW FMU whying cause	My given in		PERFOR	IMED?	349	TZ IM	he,
	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST				AND VESSES		-/			IMED?	241	TZ IM	he,
EDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST				AND VESSES		-/	_	PERFOR	IMED?	341	TZ IM	hu,
EDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST				AND VESSES		-/	_	PERFOR	IMED?	241	TZ I I I I I I I I I I I I I I I I I I I	hu,
EDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CONTRIBUTI			F DEAT		D N	∠ ·	PERFOR	IMED?	241	TZ I I I I I I I I I I I I I I I I I I I	hu,
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EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRIED TO MEDICAL EXAMINERTY 1 YES 140 27. MANNER OF DEATH	CONTRIBUTION TO STATE OF LEGAL DATE OF	ER/Outpatient	USE O	OTHER:	H YES	DEATH (Ch	ock only and	PERFOR	MED?	1	TZ I I I I I I I I I I I I I I I I I I I	hu,
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRIED ID MEDICAL EXAMINERY 1 YES 100 27. MANNIED OF DEATH 1 Netural 5 Pending	CONTRIBUTI	ER/Outpatient	USE O	OTHER:	H YES	DEATH /Ch	O D COMPONENT (S	PERFOR	MED?	1	TZ I I I I I I I I I I I I I I I I I I I	hu,
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E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACO USA 25. WAS CASE REFERRIED TO MEDICAL EXAMINET? 1 YES 100 27. MARKET OF DEATH 1 Metural 5 Pending investigation 29. Could not be determined 29. CERTIFIER	CONTRIBUTION HOSPITAL: 1. Experient 2 = 28s. DATE OF (Month, De 28s. PLACE OF building, of the light of the l	ETO CA	USE O	OTHER:	H YES 26. PLACE OF 2 Home 5 1 1 E. INJUSTY AT WOORDT. 1 1 YES 2 , effice D, date end place of the open control of the	DEATH (Ch	ack only one) S I Other (S Bid. DESCR Zer. LOCATE City or 1 to the cause time, date en	PERFOR YES 2 Decity Decity DN (Street a been, State) a) and man	NAURY OC	CURED or Hurst	TO T	PRODUCTION OF THE PRODUCTION O
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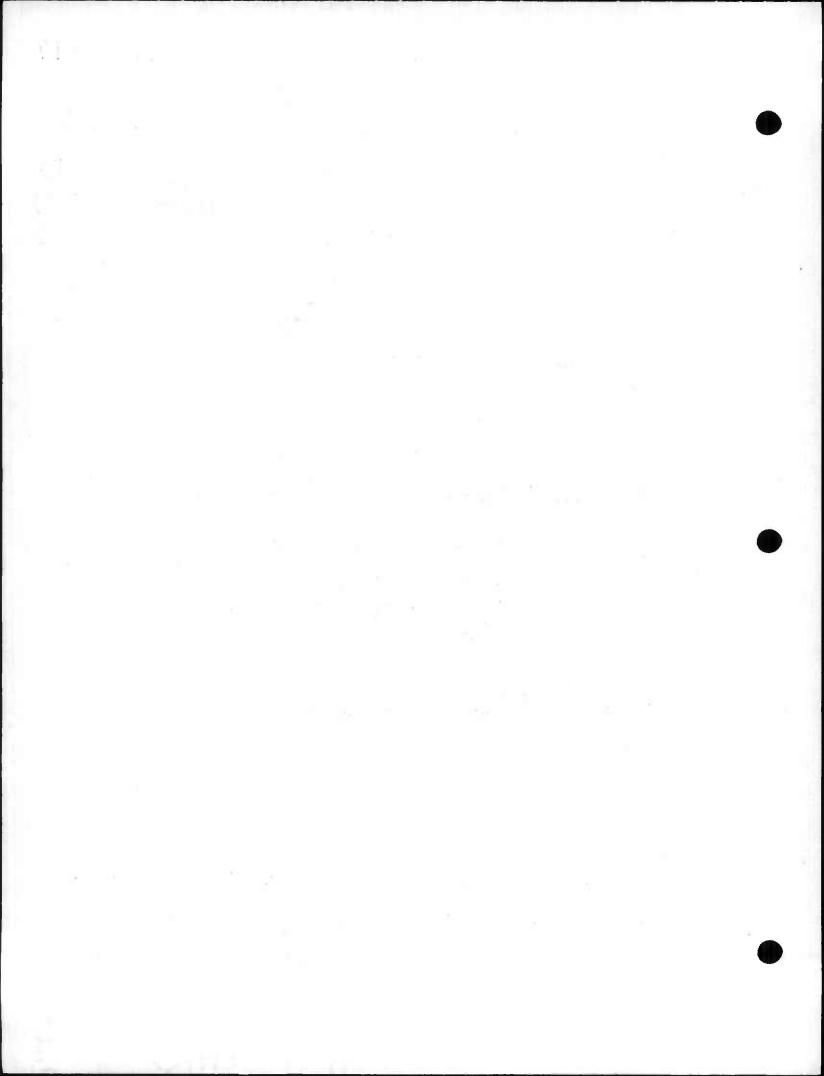
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the mount after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permose filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

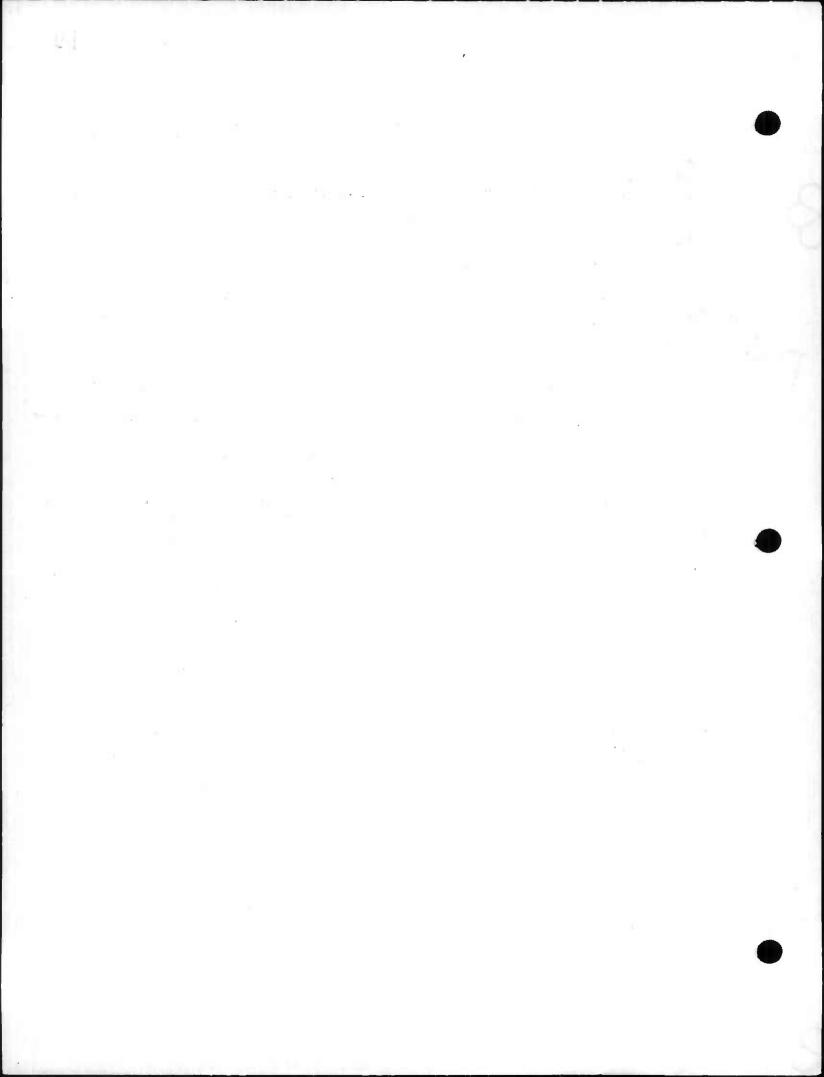


BALTIMORE, MARYLAND 21215-0020	L. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physics	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial. Process after death with the State Deor, of Health and Mental Hygiene prior to burial, cremation, or removal.
X 68760	executed with	n and completely fill to burial, cremation
S, P.O. BO	death certificate by	e attending physicia lental Hygiene prior
RECORD	w requires that the	been signed by the
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The IS	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal,
	7	0 4

	1. DECEDENT'S NAME (First, Middle, Las	/ // ./.	nuller		DEATH	2. DATE OF DEATH MONTH	29-9	3. TIME OF OEATH 2 03//P	
	4. SOCIAL SECURITY NUMBER 578-05-5021 9a. FACILITY NAME (If not Institution, give	1 🖾 M 2 🗀 F	(In yrs. lest birthday) 81 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/09/12		BIRTHPLACE (State or Foreign Country) ashington, D.C.	
TOR	Washington Adven-			Takoma		CAIH	Monte		
DIRECTOR	Maryland Mont	gomery		ver Spri		b		10d. INSIDE CITY LIMITS? 1)(X) YES 2 NO	
FUNERAL	303 Wayne Avenue			10	20901		10g. CITIZEI	OF WHAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 3 YES IF YES, GIVE WAR OR E	2 NO	If yes, sp		NIC ORIGIN? (Specify Year, Puerto Ricen, etc.) y:	a or No — 14	RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EC (Specify only highest gra Elemantary/Secondary (0-12) 1.2	DUCATION	(Give kind of life. Do NOT u	WORL OCCUPATION Work done during mose retired.)	ost of working	16b. KIND OF BU		TRY	
E COMP	I Loorgo H Hoitmullor				18. MOTHER'S NA	Self-employed/owned 18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Magdaline Thill			
IO BE	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural	Route Number, City or Tox	or Town, Statu, Zip Code)		
Mary I Hoitmuller 20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of Cemetery, Cremetory or other place) George Washington Cemetery 8/2 Adelphi, Maryland								or Town, State	
	22. NAME AND ADDRESS OF FACILITY Marshall's Funeral Home, Inc. 4308 Suitland Rd., Suitland, MD 20746								
23. PART I. Enter the disease, or combinations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heert feliure, that only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):							Approximate Interval Betwee Onset and Dea		
CALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	bDUE TO (OR AS	A CONSEQUENCE O	F):	,				
	that initiated eventa resulting in death) LAST								
			but not resulting	in the underlyin	g ceuse given in	Part I. 24s. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN: MEDICAL	PART II. Other algoriticant conditions of the second secon	HOSTITAL: Inpatient 2 ER/Out	petient 3 DOA	28. PI OTHER: 4 \square Nursing Hori	LACE OF DEATH (C)	PERFO 1 YES seck only one) 8 Other (Specify)	RMED?	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
D BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions of the second	Inpatient 2 ER/Out 28e. OATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY	tpetient 3 DOA 28b. Tin iN. Y — At home, farm,	28. PI OTHER: 4 Nursing Hon I OF 28c. IN. JURY M	LACE OF DEATH (C/	PERFO 1 YES 1 YES Beck only one) 8 Other (Specify) 28d. OESCRIBE HOW 28t. LOCATION (Street	INJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ED BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions of the second	1 1 1 1 1 1 1 1 1 1	ipstlent 3 DOA 28b. Tilk iN. Y — At home, farm, wledge, deeth occurr	28. PI OTHER: 4 Nursing Hon IE OF 28c. IN, JURY M 1 street, factory, office	LACE OF DEATH (C) ne 5 Residence JURY AT JRK? YES 2 NO	PERFO 1 YES 8 Other (Specify) 28d. OESCRIBE HOW 28t. LOCATION (Street City or Town, State	INJURY OCCUR and Number or	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO REO Rural Route Number.	
E COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions of the second	Inpatient 2 ER/Out 28a. OATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Spe	ipstlent 3 DOA 28b. Tilk iN. Y — At home, farm, wledge, deeth occurr	28. PI OTHER: 4 Nursing Hon IE OF 28c. IN, JURY M 1 street, factory, office	LACE OF DEATH (C) ne 5 Residence JURY AT JRK? YES 2 NO	PERFO 1 YES 1 YES 8 Other (Specify) 28d. OESCRIBE HOW 28t. LOCATION (Street City or Town, State) to the cause(a) and manifema, data and place, a	INJURY OCCUP and Number or nner as stated, and due to the c	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NEO Rural Route Number,	
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions of the condition of	Inpatient 2 ER/Out 28a. OATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Spe	patient 3 DOA 28b. Till IN. Y — At home, farm, c/ly) wiedge, daeth occurron and/or investigetk	28. PI OTHER: 4 Nursing Hon IE OF 28c. IN. JURY M 1 street, factory, office red at the time, data on, in my opinion, d	LACE OF DEATH (C/	PERFO 1 YES 1 YES 8 Other (Specify) 28d. OESCRIBE HOW 28t. LOCATION (Street City or Town, State) to the cause(a) and manifema, data and place, a	INJURY OCCUP and Number or nner as stated, and due to the c	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO REO Rural Route Number,	

1	u
S. S	in. ransit perre
BALTIMORE, MARYLAND 21215-0020,	Figure after death. Page 6 may be retained by the hospital or attending physicial in by the funeral director, page 5 should be detached for use as the burial-fit, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Compilered after death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compilered filled in by the funeral director, page 5 should be detached for use as the burial-transit permitted within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. INPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)		HEN	DER	SON	2. DATE OF DEATH DO		3. TIME OF DEATH			
			In yrs. last birthday)	8.	. BIRTHPLACE (State or Foreign Country)						
	9a. FACILITY NAME (If not institution, give street	21	33 YRS.	9b. CITY, TOWN	OR LOCATION OF DE	July 6, 19	911 Washington, DC				
02	Collington Episco	pal Health	Center	Princ	e George's						
DIRECTOR	10a. STATE 10b. COUNTY			, TOWN OR LOCA			10d. INSIDE CITY LIMITS?				
	Maryland Prince 100. STREET AND NUMBER	George's	Mit	chellvi	Lle		Ing CITIZE	t YES 2 NO			
FUNERAL	10450 Lottsford Re	oad #1116			20721		U.S.A				
BY FUN	11. MARITAL STATUS 12 1 Never Married 2 🕅 Married 3 Nidowed 4 Divorced	P. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp		IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No — 14	I. RACE — American Indian, Black, Whita, atc. Specify: White			
	15. DECEDENT'S EDUCATI (Specify only highest grade con	ION npleted)	16a. DECEDENT'S	vork done during mo	ON ast of working	16b. KIND OF BUS	SINESS/INDUS	STRY			
COMPLETE	Elementary/Secondary (0-12)	College (1-4 or 5+) 4	iile. Do NOT us Libraria			Library	of Co	ngress			
흥	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden		0			
BE	Reagan L. Henders	on	10h MAH INC	ADDRESS (Over-1		Ine Snyder Route Number, City or Tow					
임	Eileen S. Henders	on						ille, MD 20721			
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal	I from State 20b.	PLACE AND DATE O	F DISPOSITION (Ne	nme of	DATE 20c. LO	CATION — CI	ry or Town, Stata rederick, MD			
	4 Donation 5 Other (Specify) 21. SIGNATURE OF BUNERAL SERVICE COLLIN	TCE	mtrai Ce	22. NAME A	ID ADDRESS OF FA	CHITY					
	Vack Di	Friend	/					Home, P.A. 11e, MD 20781			
	23. PAH 1. Enter the diseases, pr com shock, pr heert feilure. List in MEDIATE CAUSE (Final desire or condition tesuiting in death)	Cor cin	ech line.	14 10			ratory arres	Approximete interval Between Onset and Death			
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART ii. Other significent conditions of	ontributing to deeth be	ut not resulting i	n the underlyin	g ceuse given in	Part i. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)					
PHYSICIAN:		OSPITAL:			e 5 🗆 Residence						
BY P	1 Natural 5 Pending	(Month, Day, Year)	26b. TIMI INJ	URY WO	URY AT PRK? YES 2 NO	28d. DESCRIBE NOW II	NJURY OCCU	AED			
- 11	2 Accident investigation 3 Suicide 8 Could not be datarmined	28e. PLACE OF INJURY building, atc. (Spec	28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)			281. LOCATION (Street a City or Yown, State)	and Number or	Rural Route Number,			
COMPLETED		N: To the best of my knowledge to the basis of examination						cause(a) and manner as stated.			
O BE	29b. SIGNATURE AND TITLE OF CERTIFIER		dig Ph	Trem	29c. LICENSE NUN	IDER 7	29d. DATE 8	NGNED (Month, Day, Year)			
	Jon H. Yablanov		7 (20	Forber	Blv.	# 101	seebro	al A0 2070>			
	AUG 0 3 1994	32. ABGISTRAR'S SIGNA	ature Pandala	-							



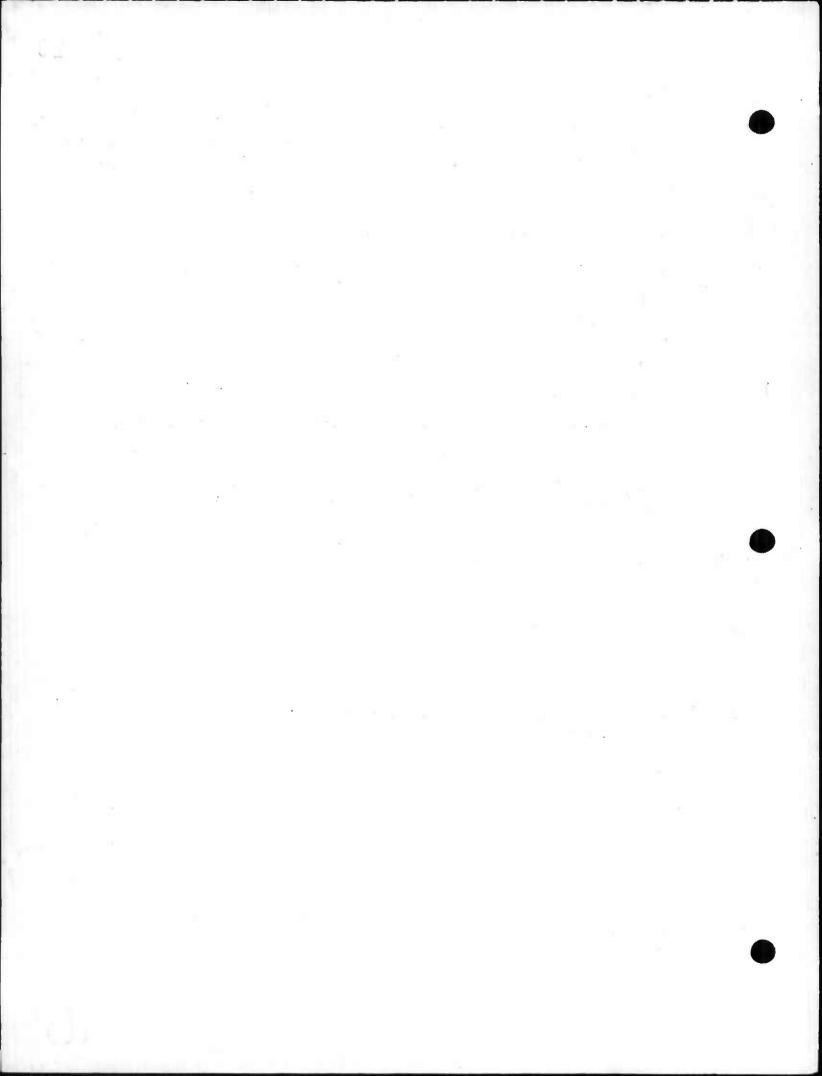
1	-	FOR STATE REGISTRAR
_		REGISTRAN

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

T - REGISTRAR		CERTIF	ICATE OF	DEATH	REC	G. NO.			
1. DECEDENT'S NAME (First, Middle, I			BNER		2. DATE OF DE	ATH	9 9YEAR	3. TIME OF DEATH 0624HR	
4. SOCIAL SECURITY NUMBER 217 42 642	5. SEX 6.	AGE (In yrs. last birthdey) 76 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIR (Month, Day, Jun 6,	Mari	Count	IPLACE (State or Foreign ry)	
	90. FACILITY NAME (If not institution, give street end number) Memorial Hospital			CUMBERLAND			9c. COUNTY OF DEATH ALLEGANY		
10e. STATE 10b. CC				TION				10d. INSIDE CITY LIMITS?	
MD A	legany	Cu	mberland	1. ZIP CODE		10- 00	TITEN OF 1	1 X YES 2 NO	
	29 Weber Street			21502		US		WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 IT YES, GIVE WAR	YES 2 NO	If yes, s	CENDENT OF HISPAI Decify Cuben, Mexico 5 2 X NO Specif	in, Puerto Rican, a	olfy Yae or No— rtc.)	Blac	E — American Indian, k, White, atc. ify: White	
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT us) Homema	· ·	ON ost of working		of Business/in			
17. FATHER'S NAME (First, Middle, Las	1)	nullelle	rver	18. MOTHER'S NA	ME (First, Middle, I				
Joseph Bitt	inger				a Broadw				
19a. INFORMANT'à NAME (Typo/Print) Linda Warnick				end Number or Rural rick Stre				21502	
20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify)	Removal from State	20b. PLACE AND DATE	OF DISPOSITION (Nother place)	ame of		Cumber	- City or To	own, State	
21. SIGNATURE OF FUNERAL SERVICE		Sunset Mem	22. NAME A	nd Address of FA celli Fur erland. N	neral Ho	me	Tanu	, PILD	
immediate cause (Final disease or condition resulting in death)	disease pr condition								
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	с	AS A CONSEQUENCE O							
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO							246	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
DID TOBACCO US		O CAUSE OF	DEATH Y	ES NC					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	/Outnotlent 3 000	OTHER:	LACE OF DEATH (Ch					
27. MANNEB OF DEATH	28e. DATE OF INJ (Month, Day,)	URY 28b. TIN	E OF 28c. IN	JURY AT DRK?		HOW INJURY O	CCURED		
1 Natural 5 Pending 2 Accident Investigat	lion 260 PLACE OF IN		M 1 🗆	YES 2 NO	201 LOCATION	(Street and Mumb	ar or Rural	Doute Mumber	
3 Sulcide 6 Could not be 4 Homicide determined 269. PLACE OF INJURY — At home, tarm, atreet, fectory, office building, etc. (Specify) 269. PLACE OF INJURY — At home, tarm, atreet, fectory, office City or Town, State) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								route rumost,	
000)	MINER: On the beel of exam							e) end menner as stated,	
296. SIGNATURE AND TITLE OF CER				29c. LICENSE NU				(Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON		OF DEATH STEM 27 ST	Priot1	D14865		•	7-3	1-94	
Dr. R. Barrera		al Hospita		rial Ave	nue, Cum	berland	d, MI	21502	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with not man and completely filled in by the funeral director, page 5 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



FOR

. DECEDENT'S NAME (First, Middle, Lest)		TTULDE	20011				2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH
	MARY E	LIZABE	ETH HI	NMAN				st 6,			4:45 A
I. SOCIAL SECURITY NUMBER	5. SEX		yrs. last birthday,		EAR IF UNDER	24 HRS.	7. DATE (DE BIRTH	1933	8. BIRTH Countr	IPLACE (State or Foreign
214-30-8436	1 🗌 M 2 🎇 F	61	YRS.		ATS PROONS	mire.	Feb.	13,	yland		
e. FACILITY NAME (If not institution, give				9b. CITY, TO	WN OR LOCATI	ON OF DI	EATH		9c. COU	NTY OF D	EATH
64 Maryland Av	e. (resi	dence)		Cı	risfiel	Ld			So	mers	set
RESIDENCE OF DECEDENT 100. STATE 100. COUN'	TY		10c. CI	TY, TOWN OR L	OCATION				-		10d. INSIDE CITY
Maryland So	merset		1,7,00		risfie	ld					LIMITS?
De. STREET AND NUMBER					10f, ZIP COD	E	-		10a, CIT	ZEN OF V	WHAT COUNTRY?
Rosse Apts./ Ap	t. 203/	527 W.	Main	St.	2181	17				US	
I. MARITAL STATUS Never Married 2 Married Wildowed 4 Divorced	12. WAS DECEDI FORCES? IF YES, GIVE	ENT EVER IN U 1 TYES WAR OR DAT		If yo	DECENDENT (is, specify Cube YES 2 NO	in, Maxica	an, Puerto F	? (Specify Yellican, etc.)	ns or No—		E — American Indian, k, Whita, atc. White
15. DECEDENT'S ED		1	16a. DECEDENT'	S USUAL OCCU	PATION	na	16b.	KIND OF BU	JSINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or	5+)		work done during use retired.)				Hospi	t=1		
. S. graduate	0		Day Car	e Coord							
FATHER'S NAME (First, Middle, Last) Horace Nels	on				16. MOT			hornt			
a. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRESS (St	treet and Number					Code)	risfield,
Charles W. Hinma	n (husba	nd)	Rosse	Apts.	/ Apt.	203	/ 527	W. M	ain S	t./	21817
a. METHOD OF DISPOSITION December 1	moval from State	20b. P	PLACE AND DATE	other place)	N (Name of	0	DATE		OCATION —		
□ Donetion 8 □ Other (Specify)	ICENSEE	AS	shury C		ME AND ADDRE		/9/94	CE	isfie	ra,	MD
77	Buch	16	1		radshav			Funer	al Ho	me	
	adshaw	- www	,								
	complications ti				06 W. No mode of dy						Approximata
shock, or heart failure MMEDIATE CAUSE (Final Issess or condition	complications to List only one c	ncer c		not anter the							Approximata Interval Betwe
shock, or heart failure MMEDIATE CAUSE (Final lisease or condition esulting in death)	a. Ca	ncer o	of Lung	not anter the							Approximata Interval Betwee Onset and Dec
23. PART I. Enter the diseases, or shock, or heart failure MMEDIATE CAUSE (Final disease or condition esuiting in death) Sequentially list conditions, farry, leading to immediate sause. Enter UNDERLYING 2AUSE (Disease or Injury	a. Ca DUE 1	TO (OR AS A C	of Lung consequence	not anter the							Approximata Interval Betwee Onset and Dec
shock, or heart failure MMEDIATE CAUSE (Final lease or condition esuiting in death) sequentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or Injury hat initiated events	a. Ca DUE 1	TO (OR AS A C	of Lung	not anter the							Approximata Interval Betwee Onset and Dec
shock, or heart failure MMEDIATE CAUSE (Final ilsease or condition esuiting in death) Gequantially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury het initiated events esuiting in death) LAST	b. Due 1	NCEY OF AS A COTO (OR AS A COT	of Lung consequence consequence	not anter the	a mode of dy	ing, aud	th aa card	lac or rea	piratory and	rest,	Approximata interval Betwee Onset and De. 1 year
shock, or heart failure MMEDIATE CAUSE (Final lisease or condition esulting in death) sequentially list conditions, I any, leading to immediate suse. Enter UNDERLYING	b. Due 1	TO (OR AS A CO)	of Lung consequence consequence	not anter the	a mode of dy	ing, aud	th aa card	lac or reag	N AUTOPSY RMED?	rest,	Approximata interval Betwee Onset and Dei 1 year 1 year
shock, or heart failure MMEDIATE CAUSE (Final isease or condition esulting in death) sequentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury het initiated events esulting in death) LAST	b. Due 1	NCEY OF AS A COTO (OR AS A COT	of Lung consequence consequence	not anter the	a mode of dy	ing, aud	th aa card	24a. WAS A	N AUTOPSY RMED?	rest,	Approximata interval Betwee Onset and Dei 1 year 1 year 1 were autopsy Finding AMALABLE PRIOR TO COMPLETION OF CAUSE
shock, or heart failure #MEDIATE CAUSE (Final lesses or condition secuting in death) equantially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury net initiated events secuting in death) LAST ART II. Other significant condition WAS CASE REFERRED TO MEDICAL	b. Due 1	TO (OR AS A CO)	of Lung consequence consequence	not anter the	a mode of dy	given in	Part I.	24a. WAS A PERFO 1 YES	N AUTOPSY RMED?	rest,	Approximata interval Betwee Onset and De: 1 year were autopsy finding awarable Prior to completion of cause of Death?
shock, or heart failure MMEDIATE CAUSE (Final Isease or condition securiting in death) equantially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or Injury nat initiated events sesuiting in death) LAST ART II. Other significant conditions WAS CASE REFERRED TO MEDICAL EXAMINER?	b. DUE 1 c. DUE 1 d. HOSPITAL:	TO (OR AS A CO)	of Lung consequence consequence consequence t not resulting	DF): DF): OF): OF): OTHER:	rlying cause	given in	Part I.	24a. WAS A PERFO	N AUTOPSY RMED?	rest,	Approximata interval Betwee Onset and De 1 year 1 year were autopsy Findin AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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shock, or heart failure RMEDIATE CAUSE (Final seese or condition suiting in death) equantially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or Injury set Initiated events southing in death) LAST ART II. Other significant condition WAS CASE REFERRED TO MEDICAL EXAMINER? I YES 2 NO MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 8 Could not be determined e. CERTIFIER CERTIFIER CERTIFIER CERTIFING PHY:	a. Ca DUE 1 b. DUE 1 c. DUE 1 d. DUE 1 d. DUE 1 special contributing 28e. PLACE (Month, 28e. PLACE building) SICIAN: To the best of	TO (OR AS A CO TO (OR AS A CO)))))))))))))))))))))))))))))))))))	CONSEQUENCE CONSEQ	OF): OF): OF): OF): OTHER: OTHER: A Nursing ME OF JURY M 1 , street, factory, rred at the time, lon, in my opini	riying cause 28. PLACE OF C Home 5 KR C. INJURY AT WORK? YES 2 office 29c. LIO D	given in DEATH (Chasidence NO No and due red at the	Part 1. Peck only on 8 Other 28d. DES 28f. LOCk City of the cause time, date	24a. WAS A PERFO	N AUTOPSY RMED? 2 M NO INJURY OC and Number sone state 29d, DAT	24b CURED or Rural I ted. te cause(te	Approximate interval Betwo Onset and De 1 Year 1 Yes 2 No Number,

VANDA BARNASA **BALTIMORE, MARYLAND 21215-0020** TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Towns after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL OHECODE: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: Il Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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3, 1933 .mrylend	Peb. 1	19 4	22.44-30-84.36
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or UGA a u	7.87	t. 203/ 527 W. Nain St	Nonce Appear Ap
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	Coordinator		
30303	Myrtle The	190	Horace Helse
A DESCRIPTION OF THE PARTY.	ets./ .et. 202/ 527 M	anno) (heann)	STALE SALTER
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neral Home Crisfield, FD 27817	Bradshaw & Sone Fu 306 W. Wain St	wantaba	Antert H. Hr
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
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be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.)
IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	, A

	FOR		CTATE OF I	MADVI AND	/ DED4	~~~~						_		
	1 - STATE REGISTRAR		SIAIE UF	MARYLAND C	DEPAI ERTIF					MENTA	REG. NO			
	1. DECEDENT'S NAME (First,	Middle, Last)									OF DEATH			3. TIME OF DEATH
	Willia	ım	Jackso	on	Hepl	oron		Jr.		MON		CI	QU.	9:50Am
	4. SOCIAL SECURITY NUME	5. SEX	6. AGE (In yrs. le			ER 1 YEAR	IF UNDER	1 24 HRS.	7. DATE	OF BIRTH			LACE (State or Foreign	
	215-03-4818		1 ∑ M 2 □ F	80	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year)	1012	Country)	
	9a. FACILITY NAME (If not in	stitution, give st	reet and number)			96. CIT	TY, TOWN C	OR LOCATI	ON OF DE	Dec	19,	1913	MY OF DEA	aryland
<u>۳</u>	910 Leeds			1.7	Elk					110		****		
DIRECTOR	RESIDENCE OF DEC						TILK	COH					Cecil	
1 111	10a. STATE	10b. COUNTY			10c, CIT	Y, TOWN	OR LOCAT	TION					1	Od. INSIDE CITY
	Maryland	Cec	il		l I	Elkt	on						1	YES 2 NO
FUNERAL	10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CIT	IZEN OF WH	AT COUNTRY?
ᄪ	910 Leeds	Road						2192	21			1	U.S.A.	
15	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AI	RMED	13	. WAS DEC	ENDENT C	OF HISPAN	NC ORIGI	N? (Specify Yes	or No-	14. RACE -	- American Indian, White, atc.
BY F	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE	WAR OR DATES	NO			ecify Cuba 2NO			Rican, etc.)		Black, Specify:	White, etc.
								-X					Wh:	ite
TED	15. DEC (Specify only	EDENT'S EDUC highest grade	CATION completed)	10	ECEDENT'S Bive kind of	work done	during mo	ON st of workin	na	16	. KIND OF BU	SINESS/IN	DUSTRY	
Ë	Elementary/Secondary (0	-12)	College (1-4 or 5	+}	Do NOT u	se retired.)		•					
COMPLET	12				Carpe	ente	r				Dul	Pont	Compa	ny
8	17. FATHER'S NAME (First, M.							18. MOTI	HER'S NA	ME (First,	Middle, Maiden	Sumame)		
H			Hepbron								Ringgo			
ဥ	19a. INFORMANT'S NAME (7)	ype/Print)		19	b. MAILING	ADDRES	SS (Street a	nd Number	or Rural F	Route Nun	ber, City or Tow	n, State, Zi	p Code)	
	Nancy S. Ash 910 Leeds Road, Elkton, MD 21921													
	20a. METHOD OF DISPOSITI 1 Burial 2 Crematio 4 Donation 8 Other	n 3 🗆 Remo	oval from State	20b. PLACE cemetery, cri Chri	and DATE	of DISPO	h I.	me of	emete	DATE DATE	/1 W		City or Town	n, State
	21. SIONATURE OF FUNERAL	L SERVICE LIC	ENSEE								uneral			
	1 Don	ساميده	8.4	lichs			103 V	West	Sto	ckto	n Stre	et		
	23. PART I. Enter the di	seeses, Dr C	omplications the	t caused the de	eath. Do	not ente	Eulento	and dy	Mg, a22	0.2	015252r4ep	ratory ar	reat,	Approximata
	shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final									Onset and Death				
	disease or condition resulting in death)	→	Cer	eloron	rovanular Accident				+				124	
	l country in double			(OR AS A CONSE									1	
Z			X											
CERTIFICATION	Sequentially list conditi If eny, leading to immed	date	DUE TO	(OR AS A CONSE	OUENCE O	F):								
\ <u>5</u>	CAUSE (Disease or Inju													
늗	that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSE	OUENCE O	F):								
ER	resolding in death) LAS													
- 1	PART II. Other significa	nt conditions	contributing to	deeth but not	resulting	In the u	inderlying	z cause c	riven in	Part I.	24e. WAS AN	ALITOPSY	24h W	ERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL											PERFOR	MED?	A	WAILABLE PRIOR TO OMPLETION DF CAUSE
유											1 TYES 2	NO	0	F DEATH?
2										_			1	☐ YES 2 ☐ NO
NA N	25. WAS CASE REFERRED TO	MEDICAL					26 Pt	ACE OF D	FATH (O)					
잃	EXAMINER? 1 YES 2 K NO		HOSPITAL:		Пап	OTHE	R:							
Ě	27. MANNER OF DEATH		1 Inpatient 2 28a. DATE OF		28b. TIM		28c. INJU		sidence		SCRIBE HOW I	N III III OO	CURED	
		Pending	(Month, D			URY	WOI	RK?	_ MO [200. DE	SCHIBE HOW I	NJUHY OC	COHED	
B	3 Culate	nvestigation	28e, PLACE O	F INJURY — AI ho	me lem :	treat fa			110	201 1 00	ATION (Com et	-4.44 1	0	
		Could not be letermined	building,	atc. (Specify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	octoret, rac	ciory, office		1	City	ATION (Street or Town, State)	ing Numbe	r or Hurmi Hou	rie Number,
COMPLETED	29e. CERTIFIER	EVINA TIME	191 4- 274	250,000		9.								
M	(Check only		CIAN: To the best of											
8				xemination and/or	investigatio	n, In my	opinion, de	eath occur	ed at the	Ilme, date	and place, an	d due to II	ne Cause(e) a	nd menner se stated.
8	296. SIGNATURE AND TITLE	OF CERTIFIER					I		NSE NUM			29d. DAT	E SIGNED (A	forth, Day, Year)
0	20 11415 415 415 415	Me	a, M))				D	153	14			1/30/	94

ID Northern Chesapeake Hospice

32. REGISTRAR'S SIGNATURE

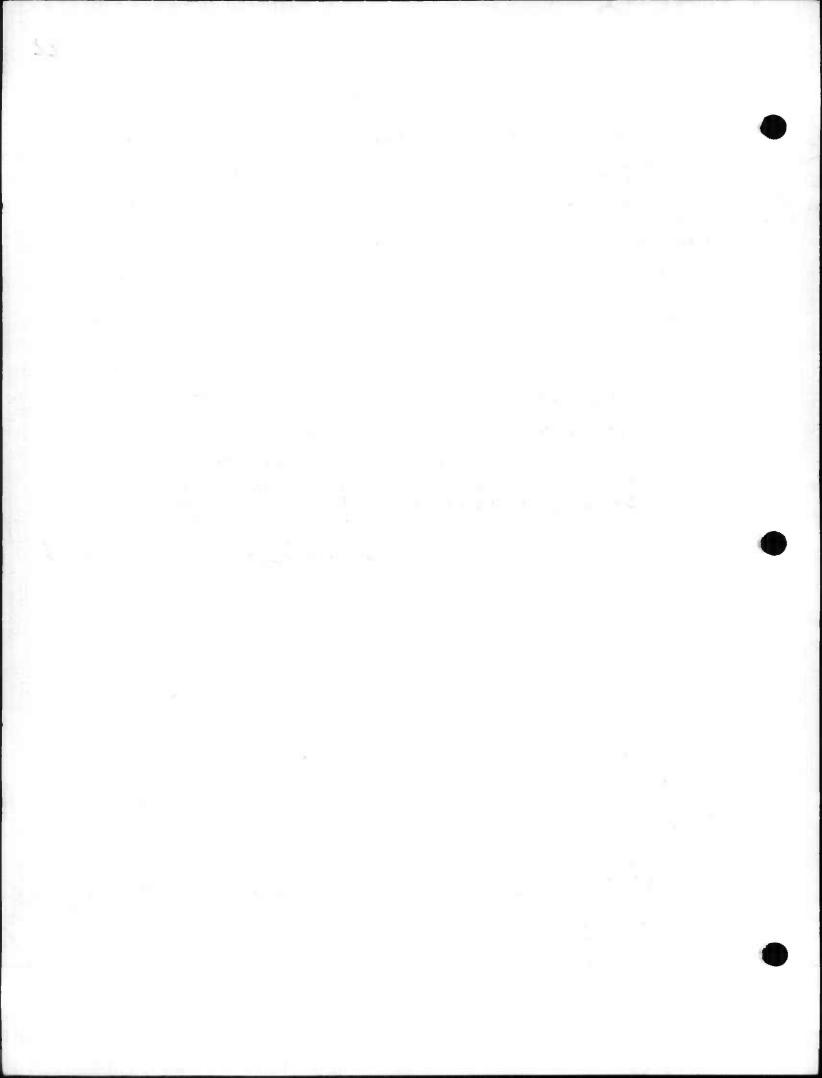
Julia Lavidson-Rodale.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD

Henry Farkas,
31. DATE FILED (Month, Day, Year)
AUG 0 3 '94

111 Howard

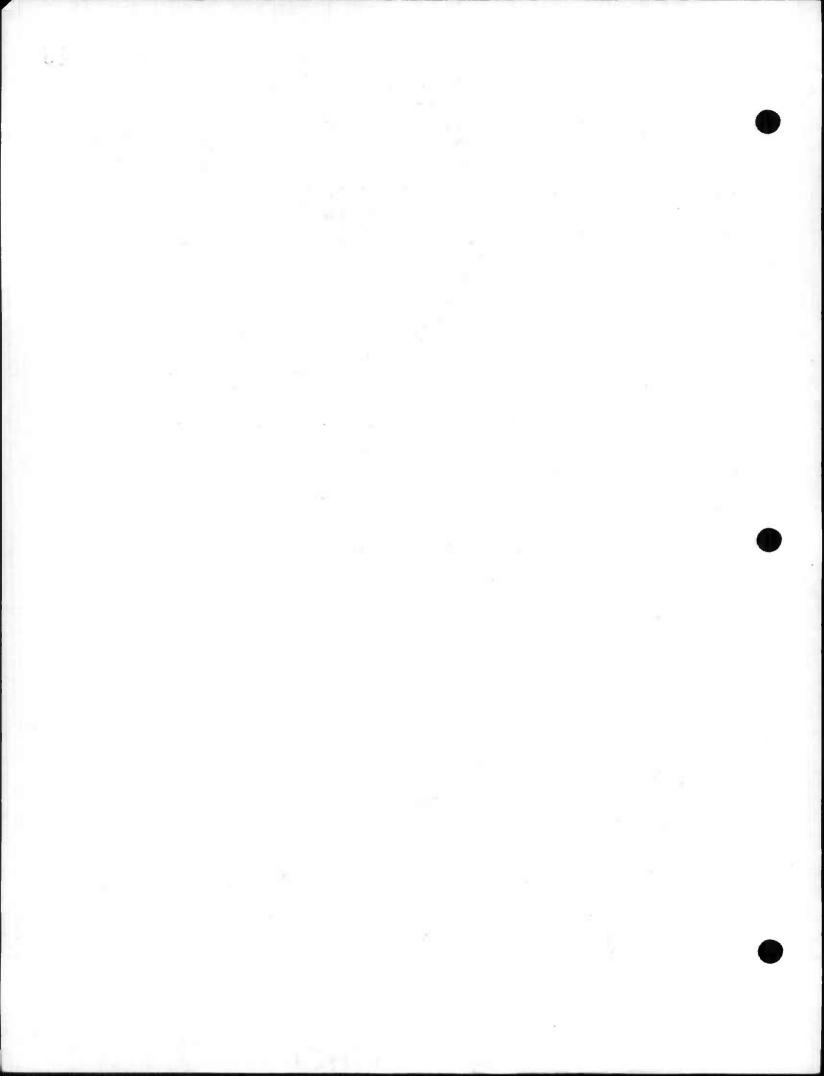


in the same	6:1	phonis	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	0 THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per a should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC		DEATH	REG. N	10.				
	1. DECEDENT'S NAME (First, Middle, Last) Ed			sicker		2. DATE OF DEATH	DAY		3. TIME OF DEATH		
	ED1774 7	3ABELLI	e H	YNSK	LICENT	August		1994	2030 M		
	4. SOCIAL SECURITY NUMBER 5. SI			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign		
	179-18-7913] M 2 😡 F 💮 7	7 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country	nsylvania		
	9a. FACILITY NAME (If not institution, give street ar		-	h CITY TOWN	OR LOCATION OF DE			NTY OF D			
œ	6 Sandy Cove Road	o nomedy		North		-Ain	9C. CO0	Ceci			
2	RESIDENCE OF DECEDENT			NOTER	East			Ceci	L.L.		
U	10a. STATE 10b. COUNTY	· · · · · · · · · · · · · · · · · · ·	10c. CITY,	TOWN OR LOCAL	TION				10d. INSIDE CITY		
<u>۾</u> ا	Pennsylvania Leb	anon		Palmyra				- 1	LIMITS?		
51	10e. STREET AND NUMBER				ZIP CODE				1 YES 2 NO		
FUNERAL DIRECTOR	6 Dogwood Lane			10			1		HAT COUNTRY?		
y l					17078				States		
교		NAS DECEDENT EVER IN U.S ORCES? 1 YES 2		13. WAS DEC	ENDENT OF HISPAN	HC ORIGIN? (Specify n, Puarto Rican, atc.)	Yes or No-	14. RACE Black	- American Indian, , White, atc.		
B≼		F YES, GIVE WAR OR OATES			2 NO Specify			Specif			
				<u> </u>					WILLE		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple	eted)	Give kind of wor	k done during mo		16b. KINO OF I	BUSINESS/INC	DUSTRY			
<u> </u>	la a a	lege (1-4 or 5+)	life. Do NOT use i	retired.)							
₽	12		Homemal	ker			Home				
ᅙ	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maid	en Surname)	_			
BE (Richard Moyer				Annie	Siebert					
	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street a	ind Number or Rural I	Route Number, City or 1	own, State, Zig	Code)			
2	Paul J. Hunsicker					ra, PA 1					
	20a, METHOD OF DISPOSITION	20h Bi (CE AND DATE OF				LOCATION -	City on Toy	- Ct-st-		
	1 ☑ Burlal 2 ☐ Cremation 3 ☐ Removal fr 4 ☐ Donation 5 ☐ Other (Specify)	om State cometen	cremeton, or othe	r place)		7					
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	IGrav	rel Hil	Cemet	ETY TO ADDRESS OF FA	8/9/9H	Palmy	ra, F	Pennsylvania		
- 1	1000	` / /		Crou	ch Funer	al Home					
	" Illovery	(AMILIS	1	127	South Ma	in St., N	orth 1	East.	MD 21901		
	23. PART I. Enter the diseeses, or compl	ications that caused the	death. Do not						Approximate		
- 1	ahock, or heert fellure. List o	nly one ceuse on eech	line.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		photory and	044	interval Between		
- 1	Onset and Death Onset and Death Onset and Death										
	resulting in death) a	OUE TO (OR AS A COR	- /+K	1023	/						
		OUE TO (OR AS A CO	SECUENCE OF):								
Z	Sequentially list conditions,										
CERTIFICATION	if any, leading to immediate										
2	CAUSE (Disease or injury										
쁜	that initiated events	OUE TO (OR AS A COM	NSEQUENCE OF):								
ER	resulting in deeth) LAST										
O	PART ii. Other significent conditions con	tributing to death but a	at maritime in	Ale a see de aledea							
DICAL	agrintent conditions con	tributing to death but n	ot resulting in	the underlyin	g ceuse given in		AN AUTOPSY ORMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
ă						1 YES	2 NO		COMPLETION OF CAUSE DF DEATH?		
ME									1 YES 2 NO		
2						_					
₹	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one)					
8		SPITAL: Inpetient 2 ER/Outpetien		THER:		8 Other (Specify)					
PHYSICIAN:		28s. OATE OF INJURY	28b. TIME (28d. DESCRIBE HON	V IN ILIEV OC	CUREO			
-	1 Neturel 5 Pending	(Month, Day, Year)	INJUR	Y WC	RK?	aud. Describe 1101	V IIIOOM OC	DONEO			
B⊀	2 Accident Investigation Investigation										
	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Specify)	a morne, terrii, stre	ret, lactory, ornic		261. LOCATION (Stree City or Town, Sta	te)	or Hurai H	bute Number,		
COMPLETED	29n. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN:	To the beat of my knowledge	, death occurred	at the time, data	and place, and due	to the cause(a) and r	namner aa stat	led.			
5		the beals of examination and							and menner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER 2	4/	7		29c. LICENSE NUM		_				
BE	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	MM			_		29d. OAT	E SIGNED	(Maylin, Day, Year)		
2	11000		/		7735	070	(3/4	//7		
	30. NAME AND ADDRESS OF PERSON WHO COM	71100									
	· IJAWN H. IMS			ospital	., 106 Bo	w Street	, Elkt	on,	MD 21921		
	AUG 0 9 94	32. REGISTRAR'S SIGNATUR	de 02								
	AUGUY 34 SP	was krimt down - 1/2									



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

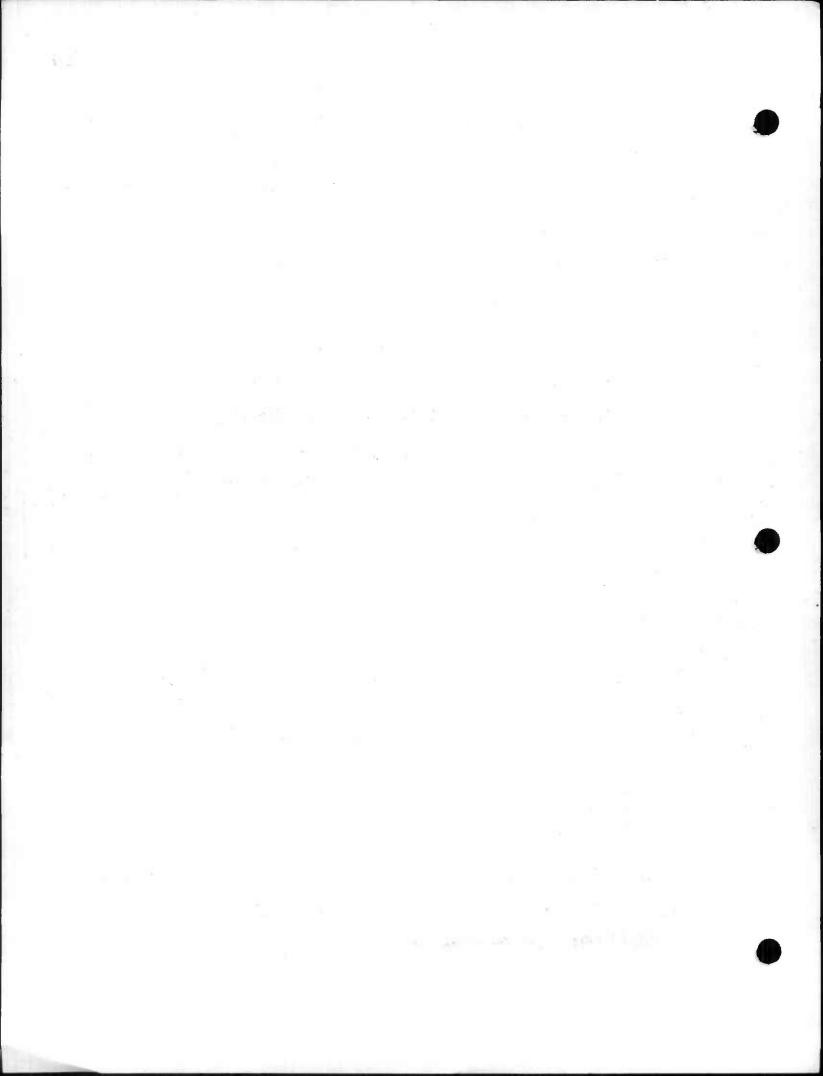
	REGISTRAR		CERTIF	ICATE OF	DEATH	RE	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Lawrence Preston	Hershberger	ı Jr.			2. DATE OF D	DAY	1994	3. TIME OF DEATH 4:00 P. M	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BI (Month, Day)		8. Bit	RTNPLACE (State or Foreign untry)	
	213-40-3076	1 💢 M 2 🗆 F	51 YRS.			April	12,19	43 Ma	ryland	
œ	90. FACILITY NAME (If not institution, give s 12828 Bible Rd.			iths burg	9c. COUNTY O					
6	RESIDENCE OF DECEDENT			3///	unsburg			was	hington	
띮	10e. STATE 10b. COUNTY	1	10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY	
- DIR		Washington			thsburg				t YES 2 NO	
FUNERAL DIRECTOR	12828 Bikle Rd.			10	2178	3			S.A	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED		ENDENT OF HISPAN			No- 14. R.	ACE — American Indian,	
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 (V) YES, GIVE WAR OR 1961-1965	OATES		ecify Cuban, Mexice 2 NO Specify		, etc.)		pecify: htte	
	15. DECEDENT'S EDU- (Specify only highest grade			USUAL OCCUPATION		16b. KINI	OF BUSIN	IESS/INDUSTR	Y	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)						
BE COMPLETED			Se	t Up Ope	rator	T)	ruck	Plant		
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA					
3E	Lawrence P. Her	shberger Sr.				rcella				
2	19e. INFORMANT'S NAME (Type/Print)	h a t - a t	19b. MAILING	ADDRESS (Street a	nd Number or Rural F	Route Number, Co	ity or Town,	State, Zip Code)	1	
	Carolyn A. Hershi				d. Smith					
	20a. METHOD OF DISPOSITION 1		ob. PLACE AND DATE (Innetary, crematory or o SMUTH'S DW			-94	Smi	ths bur	r Town, State .a . Md .	
	21. GONATURE OF TUNERAL SERVICE LIC									
	· Nennis &	Navi	Ø	Davis	Funeral	Home	12525 Smith	Bradb sbura.	wry Ave. Md. 21783	
	23. PART i. Enter the diseases, or a shock, or heart fellure.	complications that cause	ed the deeth. Do s	not enter the mo	de of dying, sucl	h es cerdiec	or respira	lory arrest,	Approximete Interval Between	
	IMMEDIATE CAUSE (Final									
	disesse or condition reauiting in death)	· 1-5004	ACEAL	CARC	INOMA	+			6 M	
		DUE TO (OR AS	A CONSEQUENCE O	F):						
CERTIFICATION	Sequentielly liet conditione, If any, leeding to immediate b. OUE TO (OR AS A CONSEQUENCE OF):									
8	ceuse. Enter UNDERLYING CAUSE (Disease or injury	с								
	thet initieted evente resulting in desth) LAST	DUE TO (OR AS	A CONSEQUENCE OF	F):						
H	resulting in destri) LAST	d								
	PART ii. Other eignificent condition	s contributing to death	but not resulting	in the underlyIn	g ceuee given in	Pert I. 24a.	WAS AN AL	TOPSY	24b. WERE AUTOPSY FINDINGS	
EDICAL							PERFORM	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
<u> </u>						_ ' -	YES 2	NO	DF DEATH?	
PHYSICIAN: M						-			1 TYES 2 TO	
ĕ	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Chi	eck only one)				
Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Ou	Instient 3 DOA	OTHER:	e 5 Meeldence		- 54 .1			
ΞI	27. MANNED OF DEATH	28e. DATE OF INJURY						URY OCCURED		
	1 Natural 5 Pending	(Month, Day, Year)	INJ		PRK? YES 2 NO					
B	2 Accident Investigation 3 Suicide & Could not be	26s. PLACE OF INJUR	RY — Al home, farm,			28f. LOCATION	V (Street end	Number or Rui	ral Route Number,	
COMPLETED	4 Nomicide 8 Could not be determined	building, etc. (Sp	ecify)	•		City or Tou	vn, State)			
٦	29a. CERTIFIER 1 CERTIFYING PNYSI	CIAN: To the best of my kno	wiedge, daath occurr	ed at the time, date	and place, and due	In the cause(e)	and manne	r ee stated		
M		R: On the besis of examinati							se(e) end manner se stated.	
	296. SIGNATURE OUT TILE OF CENTIFIE				29c. LICENSE NUN					
B	Al (10	drus			D435		1	D 8/9	NED/(Month, Day, Year)	
임	30. MAME AND ADDRESS OF PERSON WN	O COMPLETEO CAUSE OF C	PEATH (ITEM 27) (Type	, Print)	V 1 / 3	5 / 0		0//	/ ' /	
	Chall Jeffu	rson BLV			126, N	w 2	178	3		
	31. DATE FILED (Month, Day, Year) AUG 1 0 1994	32. REGISTRAR'S SIG	NATURE		•					
- 4	/ PCU - 1004 /	/	Lucian							

BALTIMORE, MARYLAND 21215-0020
ffer death. Page 6 may be retained by the hospital or attending physician, the funeral director, page 5 should be detached for use as the burial-transit permoval.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760



FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1000	EE	Hart	le					2. DATE OF DEATH		94 4	3. TIME OF DEATH 900 A M
	211 10 1011	1 💢 M 2 🗆 F	3. AGE (In yrs. lest i	YRS.	IF UNDER	1 YEAR DAYS	HOURS	MIN.	7. DATE OF BIRTH April 20	1917	8. BIRTH Countr Ma	IPLACE (State or Foreign ry)
OR	90. FACILITY NAME (If not institution, give atre Pleasant View Nurs				96. CITY		R LOCATI	ON OF DE	EATH	9c. COL	NTY OF D	
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE Md.	Washingt	on	10c. CITY	r, TOWN C		ths b	ura				10d. INSIDE CITY LIMITS? 1√ YES 2 NO
ERAL	17 Maple Ave.					101	ZIP COD	2178	3	10g. CIT		vhat country? .S.A
ВУ	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI	YES 2 X NO	ED	1	f yes, sp		n, Maxica	NIC ORIGIN? (Specify in, Puarto Rican, atc.) y:		14. RACE Black Speci	E — American Indian, k, Whita, atc. hy: (White
COMPLETED	15, DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) •College (1-4 or 5 +)	(G/vi	kind of w Oo NOT us	USUAL OF	during mo	ON st of workli	ng	16b. KIND OF	BUSINESS/IN		or
	17. FATHER'S NAME (First, Middle, Last) Robert L. Hartl	le Sr.					18. MOT		ME (First, Middle, Main Ora E. Li		7	
TO BE	180. INFORMANT'S NAME (Type/Print) Elizabeth Harp							or Rural I	Route Number, City or	00	p Code)	
	299. METHOD OF DISPOSITION XX Burlel 2 Cremation 3 Remove 4 Denation 5 Crimer (Specify)		20b. PLACE AN cemetery, cran	D DATE O	ty lace	emet	ery		1-94 SI	niths b		
	21. BIGNATURE OR FUNERAL SERVICE LICE	Nav	5				Fun		Hama 12.			ry Ave. d. 21783
7	23. PART I. Enter the disease, or coahock, or heart fellure. LI IMMEDIATE CAUSE (Final disease or condition resulting in death)	CONDUE TO (C	nau ach lina. nau ach lina. nau ach lina.	Levy JENCE OF			2. Le	24+	hea cardiac or re Venticul Rene	0	uli	Approximate Interval Batween Onset and Death Weeks
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSEQUENT AS A CONSEQUENT	JENCE OF	ife	lu	der	un)			YAS
MEDICAL	PART II. Other algoriticent conditions COPD (COYSCLUS MYC		wled be		n the un	I N S	cause	given in	PER	AN AUTOPSY FORMED?	24b.	MERE AUTOPSY FINDINGS MAJLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:		HOSPITAL:	FR/Outnotient 3	DOA	OTHER	t:			6 Other (Specify)			
ВУ РНУ	27. MANNER OF DEATH 1. Netural 5 Pending 2 Accident Investigation	28a. DATE OF III (Month, Day	JURY	26b. TIME INJI	OF	28c. INJ WC			28d. DESCRIBE HO	W INJURY OC	CURED	
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF building, at	INJURY — At hom c. (Specify)	e, farm, s	treet, fact	ory, offic			281. LOCATION (Stre City or Town, St	et and Numbe ste)	r or Rural F	Route Number,
COMPLETE	29e. CERTIFIER (Check only one) 1 CERTIFVING PHYSICI 2 MEDICAL EXAMINER:											and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Du					29c, LICI	ense nui	NBER 88	29d, DA1	S G	(Mafitin Day, Your)
	30. NAME AND ADDRESS OF PERSON WHO	14A11	S M	P (Ma)	Print)	Ci	ly	W	W-2104	12		
	AUG 15 1994	32. REGISTRAR	S-SIGNATURE	-								- 1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Dours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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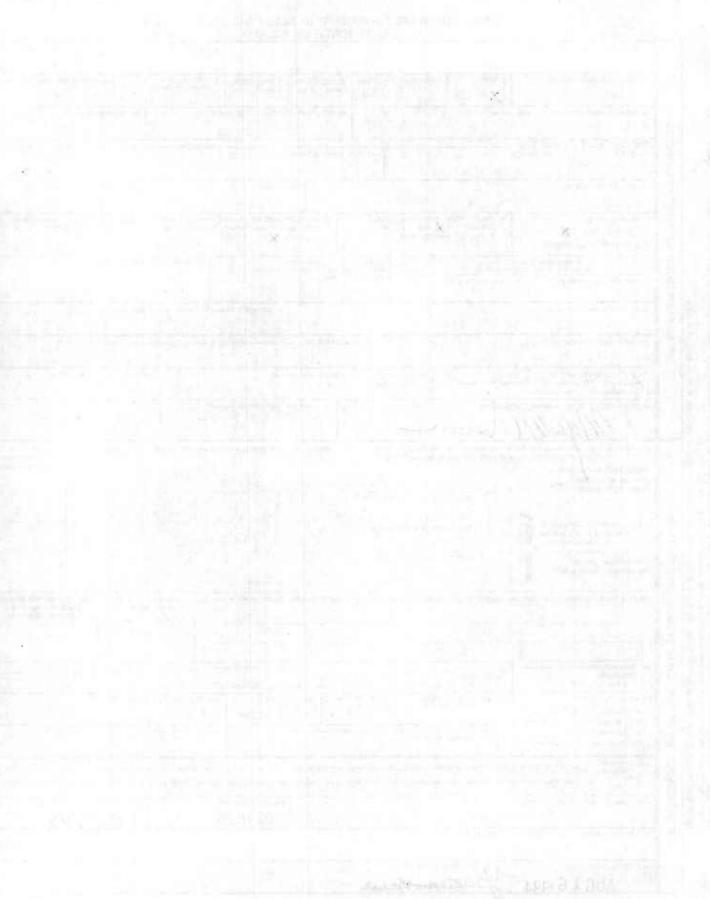
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	No the second of	
	1991 7 70 1	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death, Page 6 may be retained by the hospital or attending physician.	nours after death. Page 6 may be retained by the hospital or attending physician.
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IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMI			ENTAL HYGIENI REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)	Lewis	HERBEI			AUGUST 13	1994	3. TIME OF DEATH 5:10 A M
	4. SOCIAL SECURITY NUMBER 214-09-3445			NDER 1 YEAR	IF UNDER 24 HRS. 7	Date of BIRTH (Month, Day, Year) Jan.23,19	8. BIRT	HPLACE (State or Foreign
OB	90. FACILITY NAME (If not institution, give s 14340 National Pi		9b.		ar Spring		9c. COUNTY OF	DEATH
IRECT	nesidence of Decedent 100. STATE 100. COUNTY Maryland Was	hington	10c. CITY, TO	WN OR LOCAT				10d. INSIDE CITY LIMITS?
FUNERAL DIRECTOR	100. STREET AND NUMBER 14340 National Pi		0100		21722		10g. CITIZEN OF	1 ☐ YES 2 🛣 NO WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR D	2 NO	If yes, sp		ORIGIN? (Specify Yes Puerto Rican, etc.)	or No.— 14, RAC	E — American Indian, ck, White, etc. city: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retir Machi	one during mo ed.)	N st of working	166. KIND OF BUS	ness/INDUSTRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) AUSTIN	William	Herber	t		(First, Middle, Melden : abeth		Spickler
2	Wilma K.Herbert					ne Number, City or Town lear Sprin		722
	20e. METHOD OF DISPOSITION 1 0- Burlel 2 Cremation 3 Hem 4 Donation 5 Other (Specify)	ovel from State	PLACE AND DATE OF DIS BEING COMPANY OF OTHER PARTY	tery A	ugust 16,199	4 Clea	eation — city or the Spring	g, MD 21722
	21. SIGNATURE OF FUNERAL SERVICE US	Deboun	_		SON FUNEI Box # 310	AL HOME Clear Sp	oring,MD	21722
	23. PART I. Enter the diseases, or shock or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a	d the death. Do not elect line. Lea full management on the consequence of the consequenc	eye	de of dying, such a	es cardisc or reapi	atory arrest,	Approximats Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):	ilen	, Xes	earl		
PHYSICIAN: MEDICAL C	PART II. Other significent condition	s contributing to death t	out not resulting in the	e underlying	g cause given in Pa	PERFORI	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	partient 3 DOA 4 D	HER:	ACE OF DEATH (Check			
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJ WO		8d. OESCRIBE HOW IN	JURY OCCURED	
	3 Suicide S Could not be datermined	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, street, cify)	factory, office	2	8f. LOCATION (Street e City or Town, Stete)	nd Number or Rural	Route Number,
COMPLETED	anal	ICIAN: To the best of my know ER: On the beste of examination						(e) end manner ee stated.
TO BE	296. SIGNATURE AND TITLE OF PERTIFIE	Ander	e		29c. LICENSE NUMBI D27898		29d. DATE SIGNE 8//5	(Month, Day, Year)
	Francisco L. And	rade,MD 35	0 Mill St.		stown,MD	21740		
	31. DATE FILED (Month, Day, Year) AUG 1 6 1994	32 REGISTRAR'S SIGN						

DIVISION OF VITAL RECORDS, P.



BALTIMORE, MARYLAND 21215-00	Jours after death. Page 6 may be retained by the hospital or attending	illed in by the funeral director, page 5 should be detached for use as the n, or removal.	e medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Tours after death. Page 6 may be retained by the hospital or attending p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the b be fled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR			ICATE OF			REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Jakrali					2. DATE OF MONTH AUGUS	DAY	1994	3. TIME OF DEATH 1805
		M 2 🗆 F	In yrs. lest birthday) 64 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HMS. HOURS MIN.	7. DATE OF (Month, D)	BIRTH 20, 1930	Count	HPLACE (State or Foreign try) yana
OR	90. FACILITY NAME (If not institution, give street an Deaton Specialty He		Home	9ь сту, тоwn с Baltin		DEATH	9c. C	OUNTY OF I	DEATH
DIRECT	100. STATE 100. COUNTY Maryland Montgom	nery	22.	y, town or Locat					10d. INSIDE CITY LIMITS? 1 YES 2 XXX
ERAL	10e. STREET AND NUMBER 2308 Hildarose Dr	ive		101	20902				what country? States
BY FUNERAL DIRECTOR	1 Never Married 2 N Married F	MAS DECEDENT EVER IN ORCES? 1 YES FYES, GIVE WAR OR DA	2 XXI	If yes, sp	ENDENT OF HISPA polity Cuben, Mexic NO Speci	can, Puerto Rica		14. RAC Blac Spec	E — American Indian, ck, white, etc.
COMPLETED	15. OECEDENT'S EOUCATION (Specify only highest grade comple Elementary/Secondary (0-12) Coll 8 Years		16e. DECEDENT'S (Give kind of v life. Do NOT us Mechan		DN st of working		eavy Equ		nt
COM	17. FATHER'S NAME (First, Middle, Last) Moharally				18. MOTHER'S N	AME (First, Midd	le, Meiden Surnam		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a			City or Town, State.	Zio Code)	
2	Shaista Baksh		13307	Lydia S	Street S	ilver	Spring,	Mary:	land 20906
	20e. METHOD OF DISPOSITION XIX Burlel 2 Cremation 3 Removal fr 4 Donation 5 Other (Specify)			of disposition (Nether place)		3/94	20c. LOCATION Brentwo		own, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	200Wa	blan	Donald	owder M	gwardt			e, P.A.
	23. PART I. Enter the diseases, or compleshock, or heart fellure. List of IMMEDIATE CAUSE (Final disease or condition resulting in death)	Coronary	sch line.	Disease	de of dying, su	ch as cardiac	or respiratory	arreat,	Approximata interval Between Onset and Daath 10+ yrs.
CERTIFICATION	Sequentistly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF						
	PART II. Other algnificant conditions con	tributing to death b	ut not resulting	in the underlying	cause given l	n Part I. 24	. WAS AN AUTOP	BY 241	b. WERE AUTOPSY FINDINGS
EDICAL	Intracerebral Hemo Respiratory Failur	rrhage, Di	labetes l				PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL	c, Lung III	,BCC00			4, 1			1 TES 2 NO
SICI	EXAMINER?	SPITAL:	atlent 3 DOA	OTHER: 4 Nursing Hom	ACE OF DEATH (C		nec#vl		
ву РНУ	27. MANNER OF OEATH 1 X Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ			BE HOW INJURY	OCCURED	
		26e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factory, offic			ON (Street and Nun own, State)	ber or Rural	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 💢 CERTIFYING PHYSICIAN: 2 🗌 MEDICAL EXAMINER: On								e) end menner ee stated.
TO BE	SOME AND TITLE OF CERTIFIER CWAL	land	>		D311			HUGU	ST 1, 1994
	Brian C. Wallace, M.	D., 611 S.	. Charle		altimor	e, Md.	21230		
	AUG 0 4 1994	Julia Davidson	ATURE N-Mandall						

. Pages 1, 2, 3 should 1 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within or hours after death. Page 6 may be retained by the business that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to fill within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

The state of the s

	AMENDED #1 ,	7/29/94.	CYW. P.	G.C.I	H.D.						9	l _ı	24528
	FOR 1 - STATE REGISTRAR		MARYLAND /	DEPAR		OF H	IEALTH DEAT	AND I	MENTAL	HYGIEN REG. NO.	E		
X	1. DECEDENT'S NAME (First, Middle, Last)	edd M. Ji	NNIVE	PO	WG	5		U	2. DATE O MONTH	F DEATH	19	YEAR 94	3. TIME OF DEATH A
Į.	4. SOCIAL SECURITY NUMBER 256 46 3661	5. SEX	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	AUG	26,1		GEO!	RGIA
TOR	98. FACILITY NAME (If not institution, give s PRINCE GEORGE HOS RESIDENCE OF DECEDENT		ENTER			IEVE	RLY	ON OF DE	ATH			NCE (GEORGES
DIRECTOR		CE GEORGI	ES		Y, TOWN OF			rs .					10d. INSIDE CITY LIMITS? XX YES 2 NO
FUNERAL	1625 Addison Road						2074	+7			Uni	ted	States
B≺	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	X YES 2 1	MEO	If	f yes, sp	ENDENT O ecity Cuber 2 NO	n, Maxicar	IIC ORIGIN? n, Puerto Rk	(Specify Yea an, etc.)	or No	14. RACI Black Speci BLA	•
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 2	CATION completed) College (1-4 or 5	(G life	ive kind of . Do NOT u	work done d se retired.)	luring mo	st of working	-	1000	S. AI			
BE CO	17. FATHER'S NAME (First, Middle, Lest) EDD M. JENNII	NGS, SR.						ER'S NAI	ME (First, Mic SIM		Surname)		
5	t9a. INFORMANT'S NAME (Type/Print) RUBY JENNINGS	(WIFE)							Distr				0747
	20a, METHOD OF DISPOSITION 1		cemetery, cre ARLIN	matory or o	nther plece) NATI	ONA	L CEN				INGT	•	own, Stata IRGINIA
	21. SIGNATURE OF FUNERAL SERVICE LICE ALEXANDER 21. SIGNATURE OF FUNERAL SERVICE LICE ALEXANDER ALEXANDER	eh	M8			ALE: 553	8 Mar	ER S	. POP	ke. F	ores	tvil	MES 1e,Md 20747
	23. PART I. Enter the diseases, or o shock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cau	energy).	rte	ly	de	ses	che				Approximate interval Between Onset and Death
NO	Sequentially list conditions,	Larte	COR AS A CONSE	lero	elic	a	ara	eri	VKL	cal	ne	d	escase
TIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events).	c. DUE TO	(OR AS A CONSE	OUENCE O	F):		_						
AL CERT	PART II. Other algorificant condition	d.	death but not i	esulting	In the uno	derlying	g ceuse g	lven in	Part I. 2	4s. WAS AN		246	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL									_	YES 2			COMPLETION OF CAUSE OF DEATH?
CIAN:	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		E TO CAU	ISE O		26. PL		NC	ock only one)				
HYSI	1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 N	INJURY	28b. TIN	E OF	ing Hom 28c. INJ	URY AT	aldence	8 Other (Specify)	NJURY OC	CURED	
B	t Natural 5 Pending 2 Accident Investigation	(Month, D	F INJURY — At ho		JURY	1 🗆 1	YES 2	NO					
ETED	3 Suicide 8 Could not be 4 Homicide daterminad	building,	etc. (Specify)	ane, tetni,	street, lacto	эгу, отне				Town, State)		or Hunti F	Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI (Check only one)												s) and manner as stated.
TO BE C	296. SHIMATURE AND TITLE OF CERTIFIES	alle	M.D.				D/	SE NUM	IBER 79		29d DAT	E SIGNED	(Month, Day, Year)

31. DATE FILED (Month, Day, Year) AUG 0 1 1994

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BALTIMORE, MARYLAND 21215-0020 ours after death. Page 6 may be retained by the Inspiral or attending physician

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

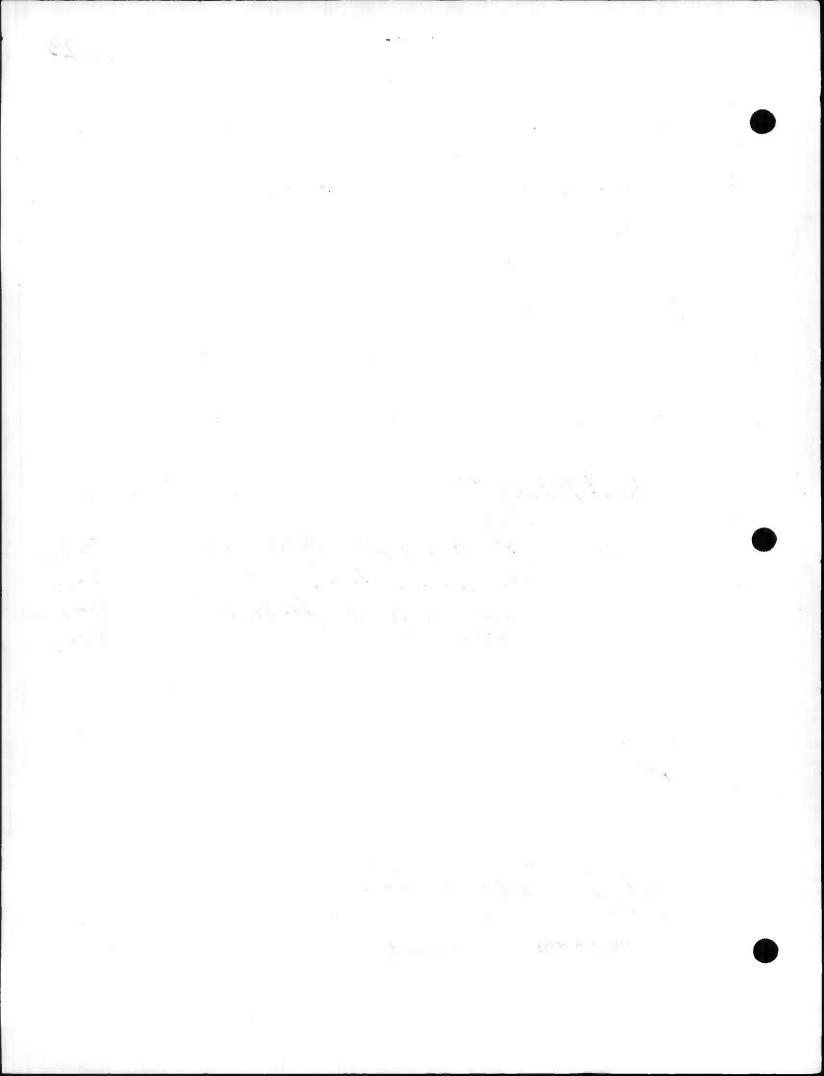
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained to fill within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Ilem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	CATE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATN
- 8	DESSIE OLIVE JOHNSTON				JULY 18,	"1994 [°]	EAR 11:30 Pm
ì		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	Т	BIRTNPLACE (State or Foreign
ì	289-30-8078 1 □ M 2 🗓 F 80		MONTHS DAYS	HOURS MIN.	AUG 27, 1	913	Country) MARYLAND
	9a. FACILITY NAME (If not institution, give street end number)			R LOCATION OF DE	ATN		OF DEATN
DIRECTOR	1106 PITTSBURGH AVENUE		MT. LA	KE PARK		GARI	RETT
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY						
H		1	TOWN OR LOCATI				10d. INSIDE CITY LIMITS?
	MARYLAND GARRETT	M	IT. LAKE	PARK			1 X YES 2 NO
M	10e. STREET AND NUMBER		101.	ZIP CODE		10g. CITIZE	N OF WNAT COUNTRY?
ш	1106 PITTSBURGH AVENUE			21550		USA	
FUNERAL	11. MARITAL STATUS 1 Never Married 1 Never Married	U.S. ARMEO	13. WAS DECI	NDENT OF HISPAN	C ORIGIN? (Specify Yes	or No- 14	. RACE — American Indian,
ВУ Б	1 Never Merried 2 Merried FORCES7 1 YES 3 Widowed 4 Olvorced IF YES, GIVE WAR OR DAT	ES	1 Tyes, spe		, Puerto Ricen, atc.)		Black, White, etc. Specify:
	3 Wildowed 4 Olyofced						WHITE
Ĕ	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT'S U	SUAL OCCUPATIO		16b. KIND OF BU	SINESS/INDUS	TRY
ШΙ	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use	retired.)	14101			
M P	7	HOMEMA	KER		OWN	HOME	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				E (First, Middle, Meiden	Surname)	
BE	VERNON C. FRIEND			CLARA	PEARL	COMP	
2	19e. INFORMANT'S NAME (Type/Print)				oute Number, City or Tow	n, State, Zip Co	ode)
-	ELLEN BECKMAN	RT. 1	BOX 11	SWANT	ON, MD 21	.550	
		PLACE AND DATE OF			1		y or Town, State
	4 Donetion 5 Other (Specify)	ER"PARK"	CEMETER	Y	7/22 DE	ER PAR	K, MARYLAND
	21. SIGNATURE COUNTRIAL SERVICE LICENSSE		22. NAME AN	D ADDRESS OF FAC	P.	O. BOX	243
	Malut VIX west M	00167	DURST	FUNERAL.	HOME - OA		·
	23. PART i. Enter the diseesea, or complications that caused					•	
	shock, or heart fallure. List only one cause on each	ch line.	t ditter the mot	or dying, addi	as ceruled of resp	retory arres	t, Approximate Interval Between
	IMMEDIATE CAUSE (Fine) disease or condition			lare.	_ 0		Onset and Death
	resulting in death) s.	my)	46	Jener	ray		26 an
	DUE 10 (OR AS A	CONSEQUENCE OF)		p			M
CERTIFICATION	Sequentially list conditione,	ONSTOURNER OF	Live	10			Key.
A	if any, leeding to immediate ceuse. Enter UNDERLYING	-	0	1.1			46-
윤	CAUSE (Disease or injury that initiated evente	contequence or	af	facel	ne		feer
E	resulting in deeth) LAST	1115	y				Vecen
빙	C. 11-01	~					1
A	PART II. Other significent conditione contributing to deeth bu	t not reculting in	the underlying	cause given in i	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
DICAL					1 YES 2		COMPLETION OF CAUSE OF DEATH?
						25	1 YES 2 NO
-					_		
¥	25. WAS CASE REFERREO TO MEDICAL		26. PL	ACE OF DEATH (Che	ck only one)		
S	EXAMINER? 1 YES 2 X NO 1 Inpatient 2 ER/Outpe		OTHER:	5 X Reeldence	R Cher (Specify)		
PHYSICIAN: ME	27. MANNER OF GEATH 280. DATE OF INJURY	28b. TIME	OF 28c, INJU		28d. OEŞCRIBE NOW I	NJURY OCCUP	REO
	1 Natural 5 Pending (Month, Day, Year)	INJU	RY WOI				
BÁ	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY	- At home, term, st-			281. LOCATION (Street	and Number or	Rural Boute Number
빏	Suicide B Could not be building, etc. (Specif. Homicide determined	v)			City or Town, State)		
COMPLETED	290. CERTIFIER	S					
₽ B	29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowle						
8	2 MEDICAL EXAMINER: On the bests of examination	endor investigation	, in my opinion, de	ath occured at the t	ima, date end piece, er	d due to the c	euse(s) and manner es stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIER	15		29c. LICENSE NUM	BER		IGNED (Month, Day, Year)
2	MINING	M	1	D07258		▶ JUI	Y 19, 1994-
-1	30. NAME AND ADDRESS OF PERSON WING COMPLETED CAUSE OF DEAT			AND MADE	77 AND 0155	^	
		HIRD ST.	UAKL	AND, MAR	YLAND 2155	U	
5	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNA JUL 2 0 1994 Lin Savely	The second second)				
	JUL 20 1994 Lis Savely	R 1 10					



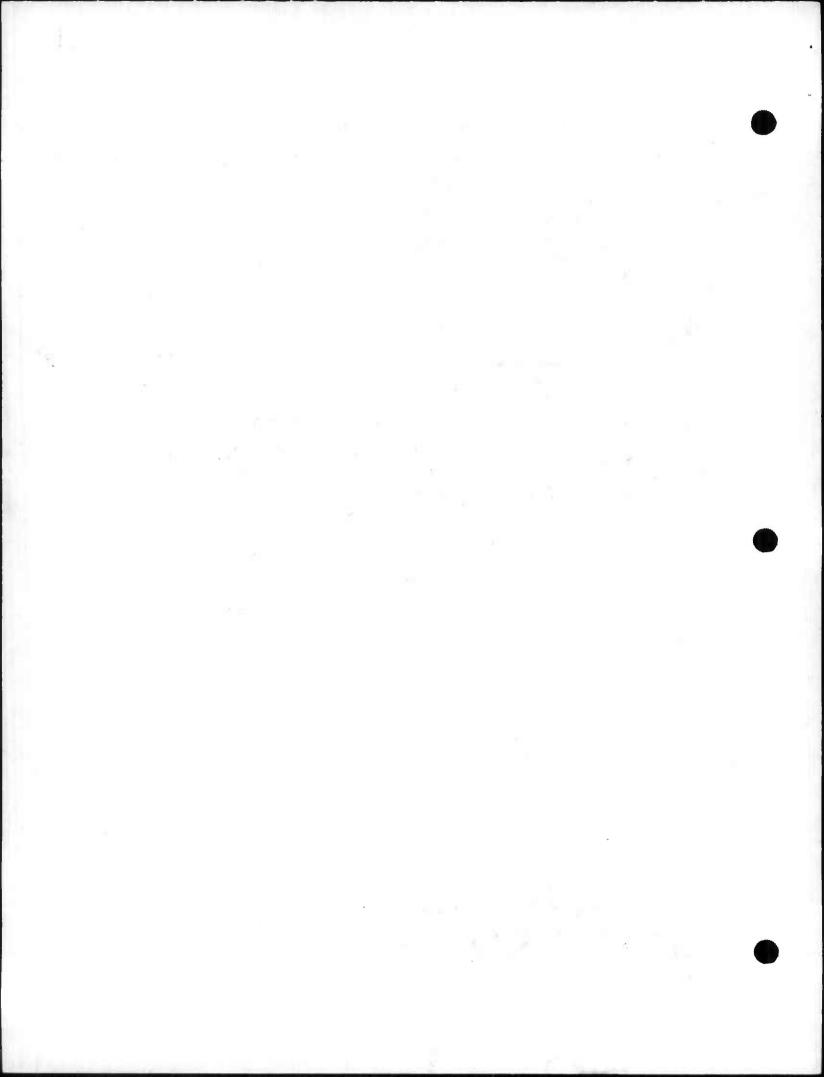
VOID
CERTIFICATE #
94-24530
SEE
CERTIFICATE #

94-24530

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permanent of the complete	by the funeral director, page 5 should be detached for use as the burlal-transit per
be med whill it should also decail with the State Dept. On regularing medical prior to bound, cremands, or lemova. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	BEG NO

V.A.M.C. RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Cecil Perryville 10c. CITY, TOWN OR LOCATION Perryville 10c. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. CITY, TOWN OR LOCATION Perryville 10d. CITY, TOWN OR LOCATION Perryville 10d. CITY, TOWN OR LOCATION 10d. CITY, TOWN OR LOCATION 10d. CITY, TOWN OR LOCATION If yes, SPECIFY CUDE, Married 10d. CITY, TOWN OR LOCATION 11d. STREET AND NUMBER 10d. CITY, TOWN OR LOCATION 11d. STREET AND NUMBER 10d. CITY, TOWN OR LOCATION 11d. STREET AND NUMBER 10d. CITY, TOWN OR LOCATION 11d. STREET AND NUMBER 10d. CITY, TOWN OR LOCATION 11d. STREET AND NUMBER 10d. CITY, TOWN OR LOCATION 11d. STREET AND NUMBER 10d. CITY, TOWN OR LOCATION 11d. STREET AND NUMBER 10d. CITY, TOWN OR LOCATION 11d. STREET AND NUMBER 10d. CITY, TOWN OR LOCATION 11d. STREET AND NUMBER 10d. CITY, TOWN OR LOCATION 11d. STREET AND NUMBER 10d. CITY, TOWN OR LOCATION 11d. STREET AND NUMBER 10d. CITY, TOWN OR LOCATION 11d. STREET AND NUMBER 11d. STREET AND NU	8. BIRTHPLACE (State or Foreign Country) 1 1
JONES, Gilbert E. Gilbert Elton Jones July 30,19 4. SOCIAL SECURITY NUMBER 214-18-3102 5. SEX 1 M 2 D F 72 72 78. SOCIAL SECURITY NUMBER 214-18-3102 96. FACILITY NAME (II not institution, give street and number) V.A.M.C. Perry Point 106. CITY, TOWN OR LOCATION OF DEATN Perry Point 106. STATE 106. STATE 106. STATE 106. STATE 107. STREET AND NUMBER 107. STREET AND NUMBER 108. STATE 109. STREET AND NUMBER 109. CITY, TOWN OR LOCATION OF DEATN PERRY POINT 109. CITY, TOWN OR LOCATION OF DEATN 109. CITY, TOWN	994 700PM 8. BIRTHPLACE (State or Foreign County of DEATH Cecil 10d. INSIDE CITY LIMITS? 1 2 YES 2 1 NO
4. SOCIAL SECURITY NUMBER 214-18-3102 1 M 2 F 72 YRS. 6. AGE (In yrs. lest birthday) FUNDER 1 YEAR FUNDER 24 HRS. 1 MONTHS DAYS HOURS NIM. 1 MONTHS DAYS HOURS NIM. 1 MONTHS DAYS HOURS NIM. 1 DAYS HOURS 24 HRS. 1 DAYS HOURS 24 HRS. 1 DAYS HOURS NIM. 1 DAYS HOURS 24 HRS. 1 DAYS HOURS NIM. 1 DAYS HOURS 24 HRS. 1 DAYS HOURS 24 HRS. 1 DAYS HOURS 24 HRS. 1 DAYS HOURS NIM. 1 DAYS HOURS 24 HRS. 1 DAYS HOURS NIM. 1 DAYS HOURS 24 HRS. 1 DAYS HOURS NIM. 1 DAYS HOURS AND IN INC. 1 DAYS HOURS NIM. 1 DAYS HOURS NIM. 1 DAYS HOURS AND IN INC. 1 DAYS HOURS NIM. 2 DAYS HOURS NIM. 3 DAYS HOURS NIM. 4 DAYS HOURS NIM. 4 DAYS HOURS NIM. 4 DAYS HOURS NIM.	a. BIRTHPLACE (State or Foreign Output Pland c. COUNTY OF DEATH Cecil 10d. INSIDE CITY LIMITS? 1 ½ YES 2 ☐ NO 10g. CITIZEN OF WHAT COUNTRY?
214-18-3102 M M M F 72 YRS. M Nov. 26, 19 9a. FACILITY NAME (II not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Perry Point	C. COUNTY OF DEATH CCC11 10d. INSIDE CITY LIMITS? 1 2 YES 2 \(\text{NO} \) NO 10g. CITIZEN OF WHAT COUNTRY?
V.A.M.C. RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY Maryland Cecil Perry Point 10c. CITY, TOWN OR LOCATION Perryville 10e. STREET AND NUMBER 10e. STREET AND NUMBER 10f. ZIP CODE 10f. ZIP	Cecil 10d. INSIDE CITY LIMITS? 1 2 YES 2 \(\text{NO}\) 10g. CITIZEN OF WHAT COUNTRY?
3 Wildowed 4 N Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:	LIMITS? 1 YES 2 NO NO. CITIZEN OF WHAT COUNTRY?
3 Wildowed 4 N Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:	LIMITS? 1 YES 2 NO NO. CITIZEN OF WHAT COUNTRY?
3 Wildowed 4 N Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:	The state of the s
3 Wildowed 4 N Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:	U. S. A.
3 Wildowed 4 N Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:	
	Black, White, etc.
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	Specify: White
(Give kind of work done during most of working life. Do NOT use related.)	
Elementary/Secondary (0-12) College (1-4 or 5 +)	
9th Painter Gorham D	Davis Company
717. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surmi	
Harry Franklin Jones Vere Virginia	Halladay
196. INFOHMANT'S NAME (hyperPrint) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Ste	late, Zip Code) 21229
June V. Larkin 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Ste 913 St. Charles Ave., Baltin	more, Māry lánd.
	ION — City or Town, State
4 Donation 5 Other (second) Community Communit	ngs Mills,Mary
21. BIGHATURE OF FUNERAL BERVICE DESIGNEE 22. NAME AND ADDRESS OF FACILITY Lee A. Patterson & Sc	on
DILLIX A DMILL A AFILL	
Perryville, Maryland. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respirator.	Ory arrest, Approximate
ehock, or heart feilure. List only one causa on each lina.	Interval Betwee
disease or condition Cardio-respiratory Failure	Onset and Daa
resulting in death) DUE TO (DR AS A CONSEQUENCE OF):	
End-Stsage Ca Lung	į
Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):	
Cause. Enter UNDERLYING	
CAUSE (Disease or injury thet initiated eventa DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.	
	OPSY 24b. WERE AUTOPSY FINDING
Q DEDECOMED	D? AWAILABLE PRIOR TO
1 TES 2X	NO OF DEATH?
<u> </u>	1 TYES 2 NO
Z 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one)	
EXAMINER? HOSPITAL: OTHER:	
1 YES 2 NO TECHNORMAN 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 7. MANNER OF DEATH 26a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE NOW INJURY	DV OCCUPED
	NI OCCURED
2 TROOGERY TO SEE THE	Number or Rural Route Number,
Solitor 6 Could not be determined building, etc. (Specify)	Turnous of Franki Capacity Programmy
29e. CERTIFIER	
296. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner (one)	
	re to the cause(a) and menner as stated.
2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, and due	d. DATE SIGNED (Month, Day, Year) 7/30/94
MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and pleca, and due	, 7/3(1/QZI
296. LICENSE NUMBER LO9315R	7/30/94
29c. LICENSE NUMBER T.09315R	7/30/94



ML

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-714 8/22/94 t.t.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.														
	1. DECEDENT'S NAME (First, Middle, Last) KATHY FAITH		STULL		KIN		2. DATE OF DEATH AUGUST 1994 8:18							
	4. SOCIAL SECURITY NUMBER 219-66-4489	1 □ M 2 💥 F 3	(In yrs. leat bir	YRS. IF UNDI	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Wear) Aug. 29,		8. BIRTHPLA Country) Maryl	ACE (State or Foreign				
TOR	99. FACILITY NAME (It not institution, give st. 8350 DIGGS FO	,				OR LOCATION OF DI	EATH	9c. COUNTY OF DEATH FREDERICK						
DIRECTOR	100. STATE 10b. COUNTY	r Frederick	10	10c. CITY, TOWN	odsb					d. INSIDE CITY LIMITS? YES 2 NO				
FUNERAL	10e. STREET AND NUMBER	reagerstown R	Rd.			21798		100	EN OF WHA	tates				
В	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	D 13	If yee, sp	CENDENT OF HISPAI ecify Cuben, Maxica 2 NO Specif	NIC ORIGIN? (Specify in, Puerto Ricen, etc.)		14. RACE	American Indian, Thite, etc. White				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	(Give k	DENT'S USUAL kind of work done o NOT use retired.	ne during mo f.)	ost of working	16b. KIND OF E			ly farm				
BE COM	17. FATHER'S NAME (First, Middle, Last)	H. LAMAR STUL	LL, JR	2		16. MOTHER'S NA MARY	ARLENE C	an Sumeme)		Iy Iaim				
TO B	190. INFORMANT'S NAME (Type/Print) CHARLES S. KING	,					Rd. / Wood:			21798				
	20b. METHOD OF DISPOSITION 1 Buriet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of competery, crematory or other place) MOUNT Olivet Cemetery 20b. PLACE AND DATE Of DISPOSITION (Name of competery, crematory or other place) Removal from State 4 DATE 20c. LOCATION - City or Town, State 20c. HOCATION - City or Town, State 20c. HOCATION - City or Town, State													
	Raymond &	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					22. NAME AND ADDRESS OF FACILITY Stauffer Funeral Home 1621 Opossumtown Pike/Frederick, MD. 21702							
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch es cerdiac or respiratory street, interval Betwee									Approximate Interval Between Onset and Death				
ATION	Sequentielly list conditions, if sny, leeding to immediate ceuse. Enter UNDERLYING													
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUE	INCE OF):										
PHYSICIAN: MEDICAL C	PERFORMED? 1 YES 2 NO OF								RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO					
IAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)													
PHYSIC	EXAMINER? 1 TYES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Yeer)	8b. TIME OF	26c. INJ	URY AT	6 X Other (Specify) FATHER HOME 28d. DESCRIBE HOW INJURY OCCURED								
B	1 Netural 5 Pending 2 Accident Investigation 3 XXSuicide 6 Could not be 4 Homicide determined	nd 7:	me, ferm, street, fectory, office 26f.			261, LOCATION (Street	SUBJECT SHOT SELF 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8350 DIGGS FORD ROAD							
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my knowl					to the cause(s) and n	anner en state	d.					
H	One) 2 AMEDICAL EXAMINET	H: On the basis of examinator	n and/or inves	stigstion, in my	opinion, d	29c. LICENSE MUN	MER	29d. DATE	SIGNED (Mc	onth, Day, Year)				
2	30. MAME AND ADDRESS OF PERSON WHO						timore.							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriant be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

31. DATE FILED (Month, Day, Year)
AUG 2 2 1994

8-7-94 found

SUBJECT SHOT SELF

8350 DIGGS FORD WOAD FREDERICK CO.. MD.

HOUSE

		FOR 1 - STATE REGISTRAR	STATE OF MARYL			F HEALTH AND I	MENTAL HYGIEN		
_		1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF DEATH
		Lona	KIGHT				July 14.	1994 YEAR	1:30 P M
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs. last birthday)	7		7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	THPLACE (State or Foreign
ъ		234-36-3551	1 □ M 2 😿 F 87	YAS.	MONTHS DAY	/S HOURS MIN.	Sept. 12,		aryland
shoul		9e. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOV	VN OR LOCATION OF DE	EATH	9c. COUNTY OF	
1.2.3 should	ECTOR	Dennett Road Mand	or Nursing Ho	me	0a	kland		Garret	t
	E E	10a. STATE 10b. COUNTY	,	10c. CIT	TY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?
7	DIR	MD	Garrett			0akla:	nd		1 TES 2 X NO
	FUNERAL	10e. STREET AND NUMBER				101, ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
Sician ial-trans	W	Rt. 1, Box 4125				215.		USA	
prosician.	문	11. MARITAL STATUS 1 X Naver Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 K NO		DECENDENT OF HISPAN , specify Cuban, Maxica	NC ORIGIN? (Specify Ya m, Puarto Rican, etc.)	a or No — 14. RA Bis	CE — American Indian, ick, White, atc.
the b	A	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 🗆	YES 2 NO Specify	у.	Spe	White
215-0020 attending physic	₽	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S			16b, KIND OF BU	JSINESS/INDUSTRY	WIIICE
- 5	1 1 1	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give kind of life, Do NOT u	work done during ise retired.)	most of working	000000000000000000000000000000000000000		
ND 2 hospital clached for	J de l		1+	C	lerk		US	Postal S	ervice
LAND the hospit, detached	COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden	Surname)	
# E &	اسا	Edward Garfie	eld Kight			Magno	olia -		Ball
MAR retained 5 should notified	5 B	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox		
ay be re page 5	-	Violet Stahl		105	03 Vinc	ent Road,	White Mar	sh, MD	21162
ORE, I		20a. METHOD OF DISPOSITION 1 M Burlal 2 □ Cremation 3 □ Ramo		PLACE AND DATE elery, cremetory or o Red Hot				OCATION — City or	
- 9 9 -		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		кец но		E AND ADDRESS OF FA		kland, M	aryland
ALTIM death. Page tuneral dire tuneral dire cxaminer n		1 R. M N	The			wart Fune:			
		1 Dredly 1	Thingh		32	S. Second	St., Oakl	and, MD	21550
in re		23. PART i. Enter the diseases, or canada ahock, or heart feilure.	complications that caused List only one cause on e	I the deeth. Do	not enter the	mode of dying, auc	h as cardiac or reap	iratory arrest,	Approximate interval Between
y filled tion, or the m		IMMEDIATE CAUSE (Fine)							Onset and Death
> = -		disease or condition resulting in death)	. Acute Cong			Tailure			l week
B 2 2 2				CONSEQUENCE O	,-	E-11			37
OX 6876 be executed sician and control to burial, traumatic events	ERTIFICATION	Sequentielly list conditions,	Chronic Co	CONSEQUENCE		. rallure			Years
or to the	AT	if any, leeding to immediate ceuse. Enter UNDERLYING	. Valvular H						Years
Phys phys	윤	CAUSE (Diseese or injury thet initiated events	VI	CONSEQUENCE O					Tears
ending P. Co.	F	resulting in death) LAST	4.						
the death the death the attend Mental injury, o	2	DADY II Other elevitions or district							
CORDS, res that the de signed by the artealth and Ment we any injury we any injury	NA.	PART II. Other algnificant condition					PERFO	RMED?	No. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
requires that requires that seen signed by of Health an shows any	MEDICA	Sigmoid Divertion	cullus, GI r	steed, A	nemia,	Dementia	1 _ YES :	2 NO	OF DEATH?
requires seen sign of Heal	Σ						_		1 TYES 2 NO
Z3 bept	AN	25. WAS CASE REFERRED TO MEDICAL			-	DI NOT OF BEITH ON			
AN: The lav	PHYSICIAN:	EXAMINER?	HOSPITAL:	ellera a 🗆 noa	QTHER:	D. PLACE OF DEATH (Ch		-	
SICIAN Certific the	¥	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. Til		Home 5 Realdence	6 LJ Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED	
OF VITA OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate his nours after death with the State E tem 28 is marked, or Item		1 Natural 5 Pending	(Month, Day, Year)		JURY	WORK?			
VDING HER GEATH	ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY	- At home, farm,			281. LOCATION (Street		I Route Number,
OR ATTENDIN OR ATTENDIN DIRECTOR: Att hours after dea	TED	4 Homicide determined	building, atc. (Spec	effy)			City or Town, State)	
OR A DIRECTOR	=	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowl	ados desth occur	red at the time	data and plans and data	to the consider and an		
보 국 전 =	COMPLET		R: On the basis of examination						o(a) and manner as stated.
TO THE HOSPIT TO THE FUNERA be filed within 7	U U	296. SIGNATURE AND TUILE OF CERTIFIER		1/	C	29c. LICENSE NUI	MBER	29d. DATE SIGNE	ED (Month, Day, Year)
는 다른) BE	YMane	want a	Kar	sunt	D26650		▶ 7/1	.5/94
	입	30. NAME AND ADDRESS OF PERSON WH	/			100			
		Margaret A. Kaiser		486, 0a	kland,	MD 21550		<u> </u>	
	10	JUL 1 5 199	32. REGISTRAR'S SIGN	ATURE A M					
	4	70 10	The state of	CON TO STORE					DHMH-16 Rav 1/89

1520 S T TH

1	-	STATE REGISTA	AF
	1. D	ECEDENT'S	N

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

1 - STATE REGISTRAR		SIAIE UF N	IAKYLA	OERTIF	ICA	NI UF	HEALTH F DEAT	AND I	MENTA	L HYG				
1. DECEDENT'S NAME (First, Mi	iddle, Last)								2. DATE	OF OEAT	Ή.		_ :	3. TIME OF DEATH
Rose						Au		2	1994	AR (9:35 A.M. M			
4. SOCIAL SECURITY NUMBER	yrs. last birthday)		DER 1 YEAR	IF UNDER			OF BIRTH		8. 8	_	LACE (State or Foreign			
102 20 1077		1 ☐ M 2 XX	98	YRS.	MONTI	HS DAYS	HOURS	MIN.	July 8 189				19	
9a. FACILITY NAME (If not institu	ution, give stre	et and number)			9b. C	CITY, TOWN	OR LOCATE	ON OF DE			_	COUNTY O		
Doctors' Com	munit	y Hospit	al			La	nham					Prin	nce	George's
	DENT b. COUNTY			100 00	V TOW	AL OB LOC	ATAON							
inc. of t, tollion of country										IOd. INSIDE CITY LIMITS?				
Maryland Prince George's Bowie 100. STREET AND NUMBER 101. ZIP CODE 102. CITIZEN OF WNAT COUNTRY?														
TO, CAP CODE														
12.617 Safety Turn 20715 United S										States - American Indian,				
1 Never Married 2 Ma	mled	FORCES? 1 IF YES, GIVE W	YES	2 ² 2 NO		If yes, i	specify Cuba	n, Maxice	n, Puarto			1 0	Black,	White, atc.
3 Widowed 4 Divorced	d		AII OII DAII	No		1 11	s 2XXNO	Specify	у:	No		1	Specify:	White
15. DECEDE (Specify only his	ENT'S EDUCA	TION ompleted)	1	ISa. DECEDENT'S (Give kind of				a.	168	. KIND OF	BUSINES	SS/INDUSTE	₹Y	
Elementary/Secondary (0-12)		College (1-4 or 5 +	,	life. Do NOT u	se retire	d.)	nost or works	y						
12				Cashi	er					Но	te1			
17. FATNER'S NAME (First, Middle	e, Last)						18. MOTH	IER'S NA	ME (First,	Middle, Ma	iden Suma	nme)		
Frans Vera									Lau					
19a. INFORMANT'S NAME (Type/	(Print)			19b. MAILING	ADDR	ESS (Street	and Number	or Rural I	Route Num	ber, City or	r Town, Sta	nte, Zip Code)	
Mary Jane Wi			_				ty Tu	cn	Во	wie]	Mary	land		20715
20a. METNOD OF DISPOSITION 1 Burtal 2 Crematton	3 🗆 Ramov	el from State	cemete	LACE AND DATE ery, crematory or c	ther pla	ice)	ION (Name of DATE 20c. LOCATION City of					or Town	n, Stata	
4 Donatton 5 Other (Sp. 21, SIGNATURE OF FUNERAL SI		MOSE	Me	etropol					Alexandria Virgini				Virginia	
II, SIGNATURE OF FORERAE SI	C	Nacc]		AND ADDRES			ra1	Home	. P.	۸.	
Kobert	C.	CUTU	ns	the			00 An							0715
23. PART i. Enter the disea	ases, Dr co	mplications that	caused (he death. Do	not an	tar tha m	ode of dyl	ng, suc	h aa can	diac or n	espirator	ry arrest,		Approximate
iMMEDIATE CAUSE (Final	t lamure. Li	at only Dna cau	se Dn aac	n IIna.										intarvsi Between Onset and Dasth
disease or condition resulting in death)		Cerel	no vas	cular 1	lar Accident									60 hrs
		DUE TO	OR AS A C	ONSEQUENCE O	F):									00 711 5
Sequentially list conditions	b .	Cong	restive	Heart ONSEQUENCE O	Fa	ilure	?							1 1
if any, leading to immediat cause. Enter UNDERLYING	la				F):									
CAUSE (Disease or injury	c .			ONSEQUENCE O	n.									
that initiated events resulting in daath) LAST		502 10	OR AS A C	ONSECUENCE O	rj:									i l
	d.													-
PART II. Other aignificant	conditions	contributing to	daath but	not reauiting	in the	undarlyl	ng cause g	iven In	Part i.		S AN AUTO			ERE AUTOPSY FINDINGS
	acemo	iker							_		S 2 N		C	MAILABLE PRIOR TO COMPLETION OF CAUSE
/														F DEATH?
DID TOBACCO USE	CONTRI	BUTE TO CA	JSE OF	DEATH YE	S [] NO [UNC	ERTAIN	<u> </u>					
25. WAS CASE REFERRED TO MI EXAMINER?			26	PLACE OF DEA)							
1 TYES 2 NO		HOSPITAL:	ER/Outpati	ant 3 🗆 DOA	OTH 4 🗆 I		me 5 🗆 Ra	sidenca	6 🗆 Othe	r (Specify)				
27. MANNER OF DEATH		28a. DATE OF (Month, Da		28b. TIM	E OF	28c. IN	JURY AT		28d. DES	CRIBE NO	OW INJUR	Y OCCURE	D	
1 Natural 5 Pen-	ding stigation		,,,,,,		М	_	YES 2	ND						
3 Suicide 8 Could not be 28. PLACE OF INJURY — At home, tarm, street, factory, office 281. LOCATION (Street and Number or Burel Route N								ite Number,						
	rmined													
29a. CERTIFIER (Check only	ING PHYSICI	AN: To the best of	my knowled	iga, death occurr	ed at th	ne time, de	and place,	and dua	to the car	see(a) and	manner a	is stated.		
one) 2 MEDICAL	EXAMINER:	On the basis of ax	amination a	nd/or investigation	on, In m	y opinion,	death occur	ed at the	time, data	and place	n, and dua	to the cau	90(B) B	nd manner as stated,
29b. SIGNATURE AND TITLE OF	CERTIFIER	7					29c. LICE	NSE NUM	4BER		29d	. DATE SIG	NED (A	fonth, Day, Yber)
	Rachelle M. alexion ND D44156 > 8/2/94													
30. NAME AND ADDRESS OF PE	RSON WNO	COMPLETED CAUS	E OF DEATI	H (ITEM 27) (Type	, Print)					_	/	412		
	1430	o Gallar	nt Fo	x lane	Si	t 118	Bow	ie, 1	Mary	land	d 20	0715		
31. DATE FILED (Month, Day, Year)	1000	32. REGISTRAI	'S SIGNATI	URE YOU.	00									
	1994	1 /10	Davids	Joh- Marian	مسادار									1

		REGISTRAR		CE	RTIFICA	ATE OF	DEATH		REG. NO.				
		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATN		3. 1	TIME OF DEATH	
		Mary Ros		ci					ust 6	1994	EAR .	5:55A M	
		4. SOCIAL SECURITY NUMBER		AGE (In yrs. last I	AMONT.	NDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Monti	OF BIRTN n, Day, Year)		Country)	ICE (State or Foreign	
3	0.00	200-36-0208 9e. FACILITY NAME (If not institution, give	1 🗆 M 2 🔀 F	89	YRS.				7 190			sylvania	
(H.	Anne Arundel Med			96.		or location of o polis	EATH		9c. COUNTY Anne		ındel	
	(D)	10. STATE 10b. COUNT	Y		10c. CITY, TO	WN OR LOCAT	TION				10d	I. INSIDE CITY	
	HID	MD Ann	e Arundel				lis					1 X YES 2 NO	
nsit per	EBAL	719 Glenwood St	reet			101	2140	1		10g. CITIZEN	USA	COUNTRY?	
O Sician	FUN	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARM	ED		ENDENT OF HISPA	NIC ORIGIN		or No- 14.	RACE -	American Indian,	
215-0020 attending physician.	B	1 Never Married 2 Merried 3 X Widowed 4 Divorced	OR DATES	'		ecity Cuben, Mexico 2 A NO Speci		Rican, etc.)		Black, W? Specify:	White		
aften use as	밀	15. OECEDENT'S EDI (Specify only highest grad		(Give	EDENT'S USUA	tone during mo	ON ost of working	16b	KINO OF BUS	SINESS/INDUS	TRY		
YLAND 2121 by the hospital or att be detached for use at once.	APLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		life. Do NOT use retired.) Homemaker				Home			:	
retained by the hospit 5 should be detached notified at once.	COMP	17. FATNER'S NAME (First, Middle, Last)					18. MOTNER'S NA				-		
MARYI retained by 5 should be notified at	BE	Joseph Vinikaiti 190. INFORMANT'S NAME (Type/Print)	.s	196.	MAILING ADO	RESS (Street e			Urban		rie)		
be reta ge 5 sh	임	Diane Scheidy	100	19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 731 Evergreen Road Severn, Maryland 21144									
ORE, 6 may be ctor, page		20a_METNOD OF DISPOSITION 1 ABuriel 2 Cremetion 3 Ren 4 Donation 5 Other (Special	noval from State	20b. PLACEAN cemetery, cremit Hillcx				/94		cation — city polis,			
Page al dire	- 1	21. SIGNATURE OF EUNERAL SERVICE OF	DENNEE	HITTICE	est de							eral Home	
BALTIMORE, MARY after death. Page 6 may be retained 1 by the funeral director, page 5 should moval.		1 DE HARRES	Sand			147 D	uke of G	louc	ester	St. An	napo:		
urs af In by remo		23. PART i. Entar tha diseases, or shock, or haart fallure.	complications that ca	used the deat	th. Do not e	oter the mo	de of dules and	h	liac or respi			Approximate	
no no o	1 1		Liet Only Ona Cause	on aach iina.			de ot dying, aut	in as cen		ratory arrest	"	intarvai Between	
184	1 1	iMMEDIATE CAUSE (Final disease or condition	0.1	on aach lina.			4	a cen		ratory arrest	'' 	interval Between Onset and Death	
with with pletely f crematio			0.1	on each line. After L As a consecu			4			ratory arrest	,	interval Between Onset and Death	
58760 corred with d completely filled ourial, cremation,	Z	disease or condition resulting in death)	a. Bild	on each line. After L AS A CONSECU	JENCE ON:		4			ratory arrest	,	interval Between Onset and Death	
DX 68 be executed and control burished on to burished authority	ATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. Bild	on aach lina.	JENCE ON:		4	THE CONTRACTOR		ratory arrest	,	intarvai Between	
BOX ficate be ophysician ne prior to	IFICATION	disease or condition resulting in death) Sequentially list conditions,	a. DUE TO (OR DUE TO (OR)	on each line. After L AS A CONSECU	JENCE OF):		4	The second secon		ratory arrest	,	interval Between Onset and Death	
P.O. BOX th certificate be ending physician I Hygiene prior to or other traum	ERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO (OR DUE TO (OR)	AS A CONSEQUENT AS A CONSEQUENT	JENCE OF):		4	The second secon		ratory arrest	•	interval Between Onset and Death	
S, P.O. BOX death certificate be e attending physician lental Hygiene prior to ury, or other traum	빙	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR DUE TO (OR C. CUE TO (OR	AS A CONSEQUE	JENCE OF): JENCE OF):	enma	ome		24e. WAS AN	AUTOPSY	24b. WEI	Interval Between Onset and Death 4 days A days RE AUTOPSY FINDINGS	
IRDS, P.O. BOX nat the death certificate be e I by the attending physician and Mental Hygiene prior to ny injury, or other traun	CAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR DUE TO (OR C. CUE TO (OR	AS A CONSEQUE	JENCE OF): JENCE OF):	enma	ome			AUTOPSY IMEO? Y	24b. WEI AMA COO	Interval Between Onset and Death 4 days.	
IRDS, P.O. BOX nat the death certificate be e I by the attending physician and Mental Hygiene prior to ny injury, or other traun	MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR DUE TO (OR C. OUE TO (OR d.	AS A CONSEQUE	JENCE OF): JENCE OF):	enma	ome		24a. WAS AN PERFOR	AUTOPSY IMEO? Y	24b. WEI AMA COO OF	Interval Between Onset and Death 4 days 4 days RE AUTOPSY FINDINGS INLABLE PRIOR TO MPLETION DF CAUSE	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the builti-trimming within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to build, cremation, or removal.

NORTH NORTH NAME (First NAME) (1 - STATE REGISTRAR	STATE OF MA							MENTAL HYGIE REG. N					
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22. PART I. Cert pf to diseases, or complications of part caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory arrest, interval Barbage Funeral Home 10.8 William St. Berlin, MD 21811 23. PART I. Cert pf to diseases, or complications of part caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory arrest, interval Barbayean Onset end Deeth III. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) 24. Sequentially list conditions, II. a. June 10. The part of the part			ioval from State	Everg	reer	ther place)	mete	ry	8 /	1			,		
21. PANT I. Chart is deseased, or complications fast caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final Cause) Due TO (OR AS A CONSCOURGE OF):												al Home			
Approximate interval Between Onset failure. Let only one Lause on each line. Approximate interval Between Onset failure. Let only one Lause on each line. IMMEDIATE CAUSE (Final desease or condition resulting in deeth) Last		100 William Ct Doulin MD 21011											1811		
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2 Accident Investigation 2 Accident Suicide 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 282. PLACE OF INJUST — At home, tarm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Rown, State) Worker's State Worker's	ME									_ ^			4 .		
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3 Suicide 4 Homicide 8 Could not be determined 29a. CERTIFFIER (Check only one) 2 XIMEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data end place, end due to the cause(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER O. C. M. E 29d. DATE SIGNED (Month, Day, Veer) AUG. 09, 1994 31. DATE FILED (Month, Day, Veer) 32. REPLISTRAR'S SIGNATURE 32. REPLISTRAR'S SIGNATURE			(Month, Day,	Year)	INJ		WOI	RIC?	NO	C. C. T.					
4 Homicide Homicid		2 Cutates	INJURY — At home		street, fact	ory, offica		+	281. LOCATION (Stree	Street and Number or Rural Route Number.					
296. LICENSE NUMBER O.C.M.E AUG. 09, 1994 THE UP OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETE CAUSE OF OEATH (ITEM 27) (Type, Print) THE UP OF CERTIFIER 31. DATE FILED (Month, Day, Year) 32. REPUSTRAR'S SIGNATURE		4 Homicide determined		4 8						P. L 1. 1	- and I	Conti			
296. LICENSE NUMBER O.C.M.E AUG. 09, 1994 THE UP OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETE CAUSE OF OEATH (ITEM 27) (Type, Print) THE UP OF CERTIFIER 31. DATE FILED (Month, Day, Year) 32. REPUSTRAR'S SIGNATURE	OMPLE	(Check only						data end place, end dua to the cause(e) end manner as stated.							
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) THE POLICE MC (Cong. 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, You) 32. REVISTRAR'S SIGNATURE		296. SIGNATURE AND TITLE OF CERTIFIE	B/				T	29c. LICE	NSE NUM	BER	29d. DA	TE SIGNED	(Month, Day, Year)		
THE PORE Mc King 111 Penn Street, Baltimore, Maryland 21201		Theofore M.	Kung	wis).				0.0	.M.	E	▶AU	JG.	09,1994		
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	10		32. REVISTRAR	S SIGNATURE		<u> </u>									

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1	-	STATE REGISTR	ΑI
,	1. D	ECEDENT'S	N

	1 - STATE REGISTRAR	SIAIL OF MAN			ICATE OF				EG. NO.	_		
- 8	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF			YEAR	3. TIME OF DEATH
1	Clarice Lucil	le LAY	MAN					7	3		994	6:59 p M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE OF I (Month, De	HTHE			IPLACE (State or Foreign
Ĩ	218-64-9893	1 □ M 2 및 F	74	YRS.	MONTHS DAYS	HOURS	MIN.	Aug.	15,	19 19		yard, West V
	9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY, TOWN	OR LOCATI	ON OF DE			9c. COU	NTY OF D	
DIRECTOR	Garrett County Me	morial Hos	pital		0ak	land				Ga	arret	t
Ĕ	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCA	TION						10d. INSIDE CITY
0	WV	Grant				В	ayar	d				LIMITS? 1 X YES 2 NO
AL	10e. STREET AND NUMBER				10	. ZIP COD				10g. CIT	IZEN OF Y	WHAT COUNTRY?
FÜNERAL	P.O. Box 115						26	707			USA	
S	11. MARITAL STATUS	12. WAS DECEDENT EV						IIC ORIGIN? (S		or No-	14. RACE	E - American Indian,
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 1 1		0		2 X NO		n, Puarto Ricad C	n, atc.)		Speci	k, White, atc. White
COMPLETED	15. DECEDENT'S EDUC	ATION			USUAL OCCUPATION			16b. KIN	ID OF BUS	SINESS/IN	DUSTRY	
Ħ	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	vork done during mo se retired.)	st of worki	ng					
AP.	8th			Н	ousewife				Ho	me		
ŏ	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, Midd	le, Maiden	Sumame)		
BE	Alonzo Alton	Willis	3			I	zett	а	Bell	e	Kis	sner
TO B	19a. INFORMANT'S NAME (Type/Print)		19b	. MAILING	ADDRESS (Street a	nd Numbe	r or Rural I	Route Number, (City or Town	n, State, Zij	Code)	
۳	Izetta S. Lewis		I	Rt. 2	2, Box 4	27,	Oakl.	and, M	ary1	and	2155	50
1	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remo	val Irom Stata	20b. PLACE A	ND DATE (OF DISPOSITION (No	me of		DATE	20c. LO	CATION -	City or To	wn, Stata
	4 Donation 5 Other (Specify)		Вау	yard	Cemeter				Bay	ard,	West	. Virginia
	21. SIGNATURE OF FUNERAL SERVICE LICE	Jack.				wart	Fun	eral H				
	2 rolley 1	- Kromer						d St.,				21550
	23. PART I. Entar the diseases or co shock, or heart failure. L	omplications that cause of	used the dea	ath. Do r	not entar tha mo	de of dy	ing, suc	h as cardiac	or respi	retory sr	reat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final	,										Onset and Dasth
	disease or condition resulting in death)	Pneumoni	la									1 week
	1100-000-00-00-00-00-00-00-00-00-00-00-0		AS A CONSEC		•							
Z	Sequentially list conditions,	Pleural				S						3 weeks
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임	CAUSE (Disease or Injury that initisted events	Cardio-F	Kenal AS A CONSEO	Fall	ire	_						Unknown
E	reaulting in dasth) LAST	Arterios	sclero	tic (Cardio-V	ascu	lar i	Diseas	e			Years
		• —					-					
PHYSICIAN: MEDICAL	PART II. Other significant conditions			sulting	n the underlyIn	g cause	given in	Part I. 24	PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8	Diabetes Mell	itus - 20	years					1[YES 2	X NO		COMPLETION OF CAUSE OF DEATH?
¥									•			1 _ YES 2 _ NO
ż	l											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. PI	ACE OF D	EATH (Ch	eck only one)				
YSI	A	1 XInpetient 2 - ER/			4 - Nursing Hon	e 5 🗆 Re	sidenca	8 Other (Sp	ecify)			
	27. MANNER OF DEATH 1 W Neturel 5 Pending	(Month, Day, Ye		28b. TIM INJ	URY WO	RK?		28d. DESCRI	BE HOW IP	NJURY OC	CURED	
B	2 Accident Investigation					YES 2	NO					
	3 Suicide 6 Could not be determined	28e. PLACE OF IN, building, atc.	JURY — At hor (Specify)	ne, farm, s	street, lactory, offic	8		281. LOCATIO City or To	N (Street a wn, State)	nd Number	or Rural R	Route Number,
<u> </u>												
COMPLETED	and the same of th	CIAN: To the best of my l										
Ö	2 MEDICAL EXAMINER	R: Dri the basis of axamir	nation and/or in	nveatigatio	n, in my opinion, o	eath occur	red at the	time, data and	placa, and	d dua to th	ne cause(a) and manner as stated.
BE	290 MONATURE AND TITLE OF CERTIFIER	1/1.	10		0	29c, LIC	ENSE MUN	MER		294. DAT	E SIGNED	(Month, Dwy. West)
2	Herfart 1	of dargy	Mon	JA.	250	D	0565	8		Jı	1 1y 5	5, 1994
-	39/NAME AND ADDRESS OF PERSON WHO							1 24	7	1 0	1550	
, 1	Herbert H. Leight 31. DATE FILED (Month, Day, Year)	on, M.D.,		. Ual	Street	, 0a	k Lan	d, Mar	y1an	d 2.	1550	
4	JUL 1 4 199	- /	uchon-R	2 10								
	1 1 100	()	A. Marie	AT VAC III								OHMH-16 Rev 1/6

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the Hospital Draws are death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-16 Rev 1/89

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5	10	G	
B	8	5	
OR ALLENDING PRINCIPAL THE LAW REQUIRES THAT THE DESIGN CERTIFICATE DE EXECUTED WITHIN	DIRECTOR: After this certificate has been signed by the attending physician and completely	hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, crema	
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	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last Esther	Louise	, .	ing		2. DATE OF DEATH	AY 1	YEAR.	1:46 A M
	4. SOCIAL SECURITY NUMBER 578-09-1662	1 🗆 M 2 💢 F	(In yrs. lest birthday) 90 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) AUG 2, 19	04 E	Country)	LACE (State or Foreign Sylvania
TOR	90. FACILITY NAME (If not institution, give Calvert County No Presidence of Decement				or Location of DE se Freder:		9c. COUNTY Calv		TH
DIRECTOR	100. STATE 10b. COUNTY Maryland Char			town on Local	TION				0d. INSIDE CITY LIMITS?
FUNERAL	2226 Pinefield F				1. ZIP CODE 2060.		Unite		at country? tates
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	If yes, sp	CENDENT OF HISPAN Hecify, Cuben, Mexicer 3 2 XNO Specify.		or No 14	Black, Specify: Whi	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	Itte. Do NOT use	ork done during mo retired.)	ON ost of working	16b, KIND OF BU			,
COMP	8th 17. FATHER'S NAME (First, Middle, Last)		Host	ess		ME (First, Middle, Maiden	ersity	CL	מנ
TO BE	Stewart Frankli 19a. INFORMANT'S NAME (Type/Print) Denold Liming	n Mehlfelt				Moran Number, City or Tow Waldorf, Ma			501
	Donald Liming 20a. METHOD OF DISPOSITION 1 \$\forall \text{Burlet} 2 \subseteq \text{Cremation} 3 \subseteq \text{Rer} 4 \$\subseteq \text{Donation} 5 \subseteq \text{Other} (\text{Specify})		PLACE AND DATE O	FDISPOSITION (No	ame of		CATION - CIT	y or Town	, State
2000	21. SIGNATURE OF FUNERAL SERVICE L		1121	22. NAME A	ND ADDRESS OF FAC	Ferry Roa	eral F	lone	,Inc 6633
NOI	immediate cause (Finel disease or condition resulting in death) Sequentially liet conditions,	e. Due to (or as a	consequence of	al 1					Approximate interval Between Onsat and Death
CERTIFICATION	if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	d	CONSEQUENCE OF						
PHYSICIAN: MEDICAL	PART II. Other aignificant condition	ne contributing to death be	ut not reaulting In	tha undariying	g causa given in F	Part I. 24a. WAS AN PERFOR	MED?	CI	ERE AUTOPSY FINDINGS ANLABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Chec	ck only one)			
	1 YES 2 THO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpetient 2 ER/Outpet 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ RY WO	RK?	Other (Specify) 26d. DESCRIBE HOW IF	JURY OCCUR	RED	
TED BY	2 Accident Investigation 3 Suicide e Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Special	— At home, ferm, att	, 0	/ES 2 NO	26f. LOCATION (Street e City or Town, State)	nd Number or i	Rural Rou	te Number,
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	ICIAN: To the best of my knowle	edge, death occurred	at the time, date	end place, and due to	o the cause(e) end men	ner as atated.	ause(s) e	nd menner se stated
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE A T MUMB. 30. NAME AND ADDRESS OF PERSON WE	M.D.AI	lendig P.	Agri -	D 194		29d. DATE SI		
	110. Hospital Rd.	suite 303	Prince 1		ck, md	20678		1	
	AUG 0 3 1994	gua wardson	andell.						

45. Lore -

BALTIMORE, MARYLAND 21215-0020	xurs after death. Page 6 may be retained by the hospital or attending physical	In by the funeral director, page 5 should be detached for use as the burial arm removal.	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burish-trans filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

								9	4 24	539
		ATE OF MARYLAND								
	REGISTRAR		CERTIF	ICATE	OF	DEATH		G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DE	DAY	YEAR 3. TIM	E OF DEATN
	ETHEL		ERICK				JULY	31		0;00 P M
	4. SOCIAL SECURITY NUMBER 5. SE		. lest birthday)	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day,		8. BIRTHPLACE Country)	(State or Foreign
	220 02 0370	M 2 X F	83 YRS.		DATE	noons win.	July 1	2,1911	Washing	rton DC
1	9e. FACILITY NAME (If not institution, give street end	number)		9b. CITY,	TOWN O	R LOCATION OF	DEATN	9c. CO	UNTY OF DEATH	
8	Prince Georges Medi	cal Center		Ch	ever	rlv		Pri	nce Geor	n's
DIRECTOR										3 3
H	10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OF	R LOCATI	ION				ISIDE CITY
	Maryland Prince Ge	orge's	M	itche	llev	rille				rES 2 NO
FUNERAL	10e. STREET AND NUMBER				10f.	ZIP CODE		10g. C	TIZEN OF WHAT CO	OUNTRY?
8	Villa Rosa Nursing H	iome				20721		IIni	ted Stat	es
S	11. MARITAL STATUS 12. WI	AS DECEDENT EVER IN U.S.	. ARMED	13. W	WAS DECE		ANIC ORIGIN? (Spe			
	1 Never Married 2 Merried FO	PRCES? 1 YES 2.	(XNO	11	yes, spe	2XXNO Spe	cen, Puerlo Rican,	etc.)	Black, White	etc.
ВУ	3 ₩ Widowed 4 □ Divorced	res, orre tent of barres				₹VVuo sha	uny.		White	
8	15. DECEDENT'S EQUICATION	18e	OECEDENT'S	USUAL OC	CUPATIO	N	16b. KIND	OF BUSINESS/II	NDUSTRY	
E	(Specify only highest grade complete Elementary/Secondary (0-12) Colte	ge (1-4 or 5+)	(Give kind of the life. Do NOT us	vork done di le retired.)	uring mos	it of working				
교	12th		Homema	ker			На	me		
COMPLET	17. FATNER'S NAME (First, Middle, Lest)		TIOTHOTIK			18. MOTNER'S P	AME (First, Middle,			
	Samuel Woodend					Annie				
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street an		Il Route Number, City	or Town, State, 2	Zip Code)	
2	Sharon J. Butsko								Maryland	1 20772
	20a METHOD OF DISPOSITION	20h PLA	CEANDDATE						- City or Town, Star	
	1 X Buriel 2 Cremetion 3 Removal fro	m State cemetery	cremetory or o	ther place)	mot-c	ery Aug	1 01			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Cec	lar HI.	1 Ce	INC TO	DADDRESS OF	4,94		nd,Maryl Home, 1	
		+ C+								
	Lough Ba	How It	>				_		Clinton,N	id 20/35
	23. PART I. Enter the diseases, or compile	etions that coused the	daath. Do r	ot enter	tha mod	ds of dying, so	ich es cerdiec o	r respiratory a	irreat,	approximate
	ahock, or heart fallura. List on IMMEDIATE CAUSE (Final	ly one cause on each	lina.					4		ntarval Batween Onset and Death
	disease or condition resulting in death)	A CULT-	- RI	2hi	10	tone	Fai	VIIDO	i	7/0/04
	resulting in dastn) . a	DUE TO (OR AS A CON	SEQUENCE O	P):	7 101	7	7 - 00	ona		18174
z	-	PMIII	200	-0 1	1				-	7/0/0
RTIFICATION	Sequentially list conditions, If any, laading to immediata	DUE TO (OR AS A CON	ISEQUENCE OF	F):						4 1 14
S	cause. Enter UNDERLYING	State	o F	hi	1-0	bhi	Cul		-	1/0/0.
Ē	CAUSE (Disease or Injury that initiated evanta	DUE TO (OR AS A CON		1			,			10/14
R	resulting in death) LAST	Sehti	Cer	m i	CI				1-	1/8/9
ᄬ						9				10114
AL	PART II. Other algorificant conditions control	120 () 1	ot resulting	in the und	darlying	cause givan I		MAS AN AUTOPS' PERFORMED?		AUTOPSY FINDINGS BLE PRIOR TO
MEDICAL	Mum of hora	OX KIGH	NT C	unc	7		10	YES 2 NO		ETION OF CAUSE
W	ANOXIC EC	ephal	lone	211	14					ES 2 NO
	DID TOBACCO USE CON	TRIBUTE TO CA	AUSE OF	DEAT	YLHI	ES I N	ЮП			
M	25. WAS CASE REFERRED TO MEDICAL		-		26. PL/	ACE OF DEATH (Check only one)			
PHYSICIAN:		PITAL: patient 2 ER/Outpatien	R 3 DOA	OTHER		5 Residence	B Other (Spec	Why		
_		Se. DATE OF INJURY	28b. TIM	E OF	26c. INJU		1	HOW INJURY O	CCURED	
	1 Natural 5 Pending	(Month, Day, Year)	IN	M M	t Y					
ВУ	2 Accident Investigation 3 Suicide & Could get be	80. PLACE OF INJURY - A	t home, ferm, r	street, facto			28f. LOCATION	(Street and Numb	er or Rural Route Nu	mher
	4 Nomicide B Could not be determined	building, etc. (Specify)	•				City or Town	, State)		
9/	29e. CERTIFIER									
A P	(Check only									
COMPLETED	MEOICAL EXAMINER: On the	e Daele of exemination end	/or investigation	n, in my op	olnion, de	eath occured at ti	he time, date end p	lace, end due to	the ceuse(e) end m	enner ee stated.
ш	296 SIGNATURE AND TITLE OF CERTIFIER	1	_ 10	21 /	1,]	29c. LICENSE N	UMBER	29d. D/	TE SIGNED (Month	Day, Year)
OB	1 1 res	10011	2/10	11,1	4.1	D	2010	81	8/1/	94.
	30 NAME AND ADDRESS OF PERSON WHO COME	STEE CALLES OF SEATH	47544.00							

DHMH-16 Rev t/89

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

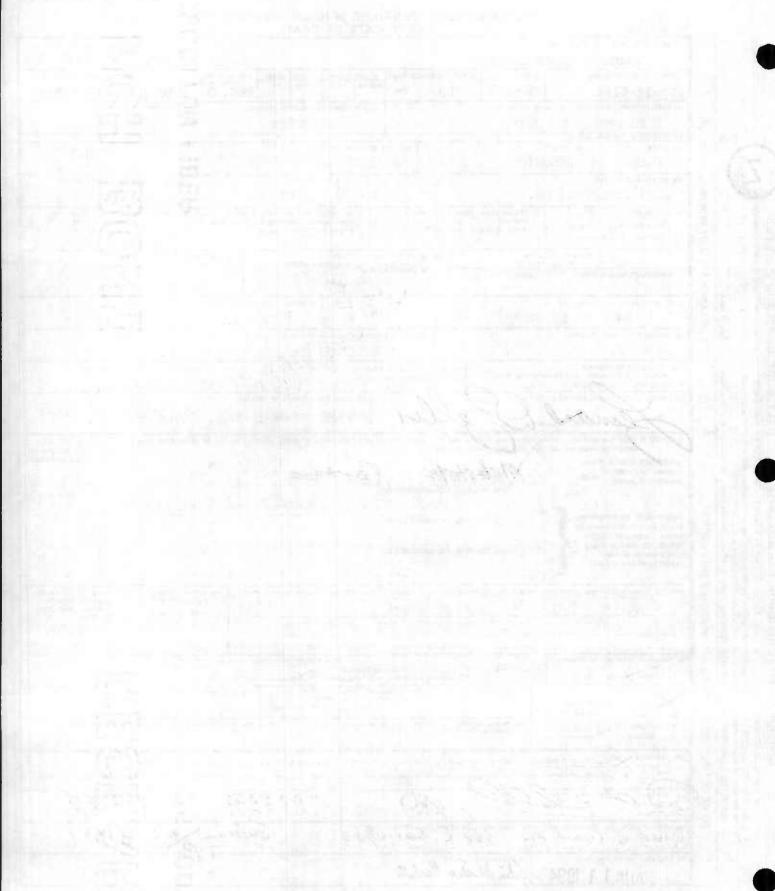
REGISTRAR		CERTIFIC	ATE OF DEAT	TH	REG. NO.		
1. OECEOENT'S NAME (First, Middle, Leat)				2. DAT	E OF OEATH	3.	TIME OF GEATH
LEONARD ELM	ER LOFGREN			MON	UST 6, 1994	YEAR	8:40
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	UNDER 1 YEAR IF UNDER		OF BIRTH		VCE (State or Foreign
159-12-5162			NTHS DAYS HOURS	Mor	th, Day, Year) 5, 1910	Country)	SYLVANIA
ea. FACILITY NAME (If not institution, give	atreet and number)	9	L CITY, TOWN OR LOCATIO	ON OF DEATH	9c. COUI	NTY OF DEAT	Н
1229 PEMBERTON	DRIVE		SALISBU	JRY	WIC	COMICO	
10a. STATE 10b. COUNT	ry	10c, CITY, T	OWN OR LOCATION			10-	d. INSIDE CITY
	OMICO	SAL	ISBURY		75		LIMITS?
100. STREET AND NUMBER 1229 PEMBERTON	DR.		2180			J.S.A.	T COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IF FORCES? 1 YES	2 NO	13. WAS DECENDENT O	n, Maxican, Puerto	N? (Specify Yes or No— Rican, etc.)		American Indian, hite, atc. WHITE
15. OECEDENT'S EO	UCATION	16a. OECEDENT'S US	UAL OCCUPATION	18	b. KIND OF BUSINESS/IND	DUSTRY	
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 6+)	(Give kind of world life. Do NOT use n	done during most of working tired.)	g			
9		LAB ASS	ISTANT		MANUFACT	URING	
17. FATHER'S NAME (First, Middle, Leat)			18. MOTH	IER'S NAME (First,	Middle, Meiden Sumeme)		
SWEN LO	FGREN		0	LIVTA P	AULINE WUST	MAN	
19a. INFORMANT'S NAME (Type/Print)		19b. MAII ING AT	DRESS (Street end Number				
JAMES P. LOFGRE	N. SR.		MBERTON DR.				
20a. METHOD OF DISPOSITION							400
1 Burlai 2 X Cremation 3 Rer		b. PLACE AND DATE OF I	placel	8/	TE 20c. LOCATION —		
4 Donation 6 Diver Specify)		SALISBURY	CREMATORY		/ SALISBUR	RY, MD	•
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	lles	ZELLER FUN		P. O. B ME, SALISBU		
23 PART I. Enter the discesses, or	-W/ T	- (
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS .	A CONSEQUENCE OF): A CONSEQUENCE OF):	avec				
rossiang in double Exor	d						
PART II. Other algolificent condition	na contributing to death i	but not resulting in	the underlying couse g	jiven in Part i.	24s. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO	CO OF	RE AUTOPSY FINDIN ALABLE PRIOR TO MPLETION OF CAUSI DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DI	EATH (Check only t	one)		
1 D YES 20 NO	1 Inpatient 2 ER/Out			sidence 6 🗆 Oth	er (Specify)		
27. MANNER OF OEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME C			SCRIBE HOW INJURY OC	CURED	
2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stre		28f, LO	CATION (Street and Number y or Town, State)	or Rural Route	e Number,
4 Homicide detarmined					,	M.C.	
	SICIAN: To the best of my know IER: On the basis of examination						d manner se stated
29b. SIGNATURE AND TITLE OF CERTIFIE							
120 90		ww		2827	29d, DAT	P-7-	onth, Day, Year)
30. NAME AND ADDRESS OF PERSON W				01	/ 40	216	207
Dand E. Conall,		E. Grybli	つ ブ・	00/15	1, MO	218	01
31. DATE FILEO (Month, Day, Year)	32 REGISTRAR'S SIGN	MATURE					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Flours after death. Page 6 may be retained by the hospital or attending physician TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filed within 72 hours after death with the State Dept. of Health and Mernal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

nours after death. Page 6 may be retained by the hospital or attending physician

BALTIMORE, MARYLAND 21215-0020



1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

	REGISTRAR		CI	=KIIFI	CATE OI	DEATH	R	EG. NO.		
	t. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF C	DEATH	:	3. TIME OF DEATH
	CLARA Elizabet	h LAY	MAN				JULY	28 AY	1995	4 03:25A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	IRTH	6. 8	BIRTHPLACE (State or Foreign
	215-42-4945	1 M 2 XF	90	YRS.	MONTHS DAYS	HOURS MIN.	6/20/1	904	M	aryland
	9a. FACILITY NAME (If not institution, give a	street and number)			96 CITY TOWN	OR LOCATION OF D	<u> </u>		9c. COUNTY	
Œ		,	N10	- 1			EAIN	- 1		
2	FROSTBURG HOS	PITAL, I	NC.		FROST	BURG			ALLE	GANY
DIRECTOR	10e. STATE 10b. COUNT	Υ		10c. CITY	TOWN OR LOC	ATION				10d. INSIDE CITY
H	Maryland Garret	-+		Ere	stburg					LIMITS?
7	100. STREET AND NUMBER			FLC		Of, ZIP CODE		Ι.	10 CITIZEN	OF WHAT COUNTRY?
A A					- 1			1		OF WHAT COUNTRY?
FUNERAL	Star Route, Box 22	12. WAS DECEDENT E	VED IN 11 0 . 10	1150	1 40 1110 0	21532			USA	
7	1 Never Married 2 Married	FORCES? 1	YES 2 X		If yes, i	CENDENT OF HISPA	en, Puerlo Rican		No — 14.	RACE — American Indian, Black, Whita, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 🗆 YE	S 2 NO Specif	fy:			Specify: hite
	15. DECEDENT'S EDU	CATION	16a DE	CEDENT'S I	SUAL OCCUPAT	TION	16P KIN	D OF BURN	ESS/INOUST	
E	(Specify only highest grade	completed)	(G	ive kind of wa	ork done during r	nost of working	TOD. KIN	D OF BOSIN	L33/INOUST	n1
2	Elementary/Secondery (0-12)	College (1-4 or 5+)	Hon	nemake	r			wn Ho	mo	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1101	ueman,e	: L	18. MOTHER'S NA			-	
								e, Meiden Sui	mame)	
BE	Charles Layman 190. INFORMANT'S NAME (Type/Print)					Naomi (
2						and Number or Rural				
	Zeola Robeson					ox 22, Fr				
	20a. METHOD OF DISPOSITION 1 N Burlal 2 Cremetion 3 Rem	oval from State	cemetery, cre		F DISPOSITION (a er plece)	Neme of	OATE			or Town, State
	4 Donation 5 Other (Specify)		Mt. Zi	ion Ce	emetery		7/31/	Frost	burg,	Maryl.and
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE				and address of fa n Funeral		. P A		
	De Nima	Dewn	au)		sville, N				
	23. PART I. Enter the disease, or	complications that co	nuned the de	eth Do no	OLUITO	SVIIIC/ I	ial y Lair	<u>u 21</u>	550	
			ansed the de	THE PO TH	t enter the m	lode of dying, suc	ch as cardiac	or respirat	tory arrest.	. Approximate
	shock, or heert failure.	Liet only one ceuse	on each line).	ot enter the m	lode of dying, suc	ch as cardiac	or respirat	tory arrest,	interval Between
	shock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition	Liet only one ceuse	on each line		_			4		Interval Between Onset and Death
	shock, or heart failure. IMMEDIATE CAUSE (Finel	Liet only one ceuse	on each line		_			4		Interval Between Onset and Death
-	shock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition	Liet only one ceuse	on each line		_			4		Interval Between Onset and Death
ION	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions,	Liet only one ceuse	on each line		_			4		Interval Between Onset and Death
ATION	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	Liet only one ceuse	on each line		_	hefareh		4		Interval Between Onset and Death
FICATION	Shock, or heer failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OF	on each line	OUENCE OF	eme			4		Interval Between Onset and Death
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retried by the hospital or attending physician and completely filled in by the funeral director, page 5 should be celtificate to use a fire thurst-transfer be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

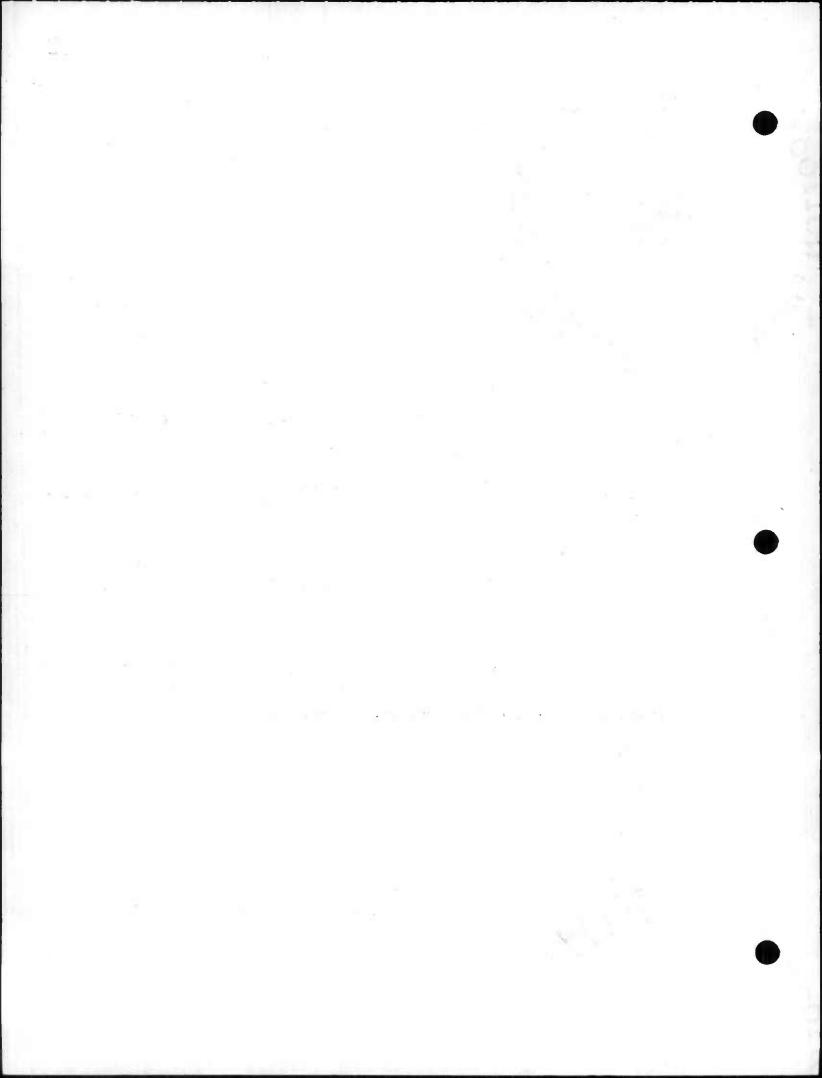
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

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(Check only one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) end menner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and menner as stated. 29c. LICENSE NUMBER	- Codia not be	28a. PLACE 0 building,	F INJURY — At ho etc. (Specify)	me, lerm, s	treet, factory, of	fica	281.			or Rural	Route Number,
00ku 19ekan naz D17526 8-1-94	(Check only										a) and menner as stated.
		. 17				29c. LICENSI	NUMBER		29d. DAT	E SIGNEI	O (Month, Day, Year)
DR. JOHN MEHANNA, M.D., 909-B SETON DRIVE, CUMBERLAND, MD 21502	296. SIGNATURE AND TITLE OF CERTIFIER	2 Kg	a m m	a A		D17	526		D Q	7 _	1-94



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020	physician	burial-transit	Ser. P
E, MARYLAND 21215-0020	ay be retained by the hospital or attending physicial	page 5 should be detached for use as the burial-tranjsit perm	
MARY	retained b	pinous 9	
Ë,	ay be	page	

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

REGISTRAR				ERIIF	ICATE C	OF DEA	IH		REG. NO.			
1. DECEDENT'S NAME (Firs	t, Middle, Last)							2. DATE	OF DEATH		VEAR	3. TIME OF DEATH
Helen	Marg	garet L	ucente						ist 11	["] 199	YEAR	1:30P M
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YE		R 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	IPLACE (State or Foreign
202-05-5394	+	1 🗆 M 2 🔀 F	72	YRS.	MONTHS DA	YS HOURS	MIN.		. 11 19	21		nsylvania
9e. FACILITY NAME (If not in	nstitution, give a	street and number)			9b. CITY, TO	WN OR LOCATE	ON OF O				NTY OF D	
Anne Arunde		<u>ical Cent</u>	er		Anna	apolis				Ann	e Ar	undel
RESIDENCE OF DE	10b. COUNT	Υ		10c CIT	Y. TOWN OR LO	OCATION						10d. INSIDE CITY
MD	Anne	Arundel		100.011		apolis	3					LIMITS?
10e. STREET AND NUMBER						101. ZIP COD				10a, CIT	IZEN OF V	1 TYES 2 TO NO
1155 River	Bay l	Road				2	21401	l		_	USA	
11. MARITAL STATUS	Marriad	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	ARMED NO		DECENOENT (N? (Specify Yes Rican, etc.)	or No-	14. RACE Black	E — American Indian, k, White, etc.
3 Widowed 4 Div		IF YES, GIVE V	MAR OR DATES		10	YES 2 X NO	Specif	y:			Speci	White
	CEDENT'S EDU				USUAL OCCUP			181	b. KIND OF BUS	INESS/INC		
Elementary/Secondary (College (1-4 or 5		ite. Do NOT u	work done during se retired.)	g most or work	ng					
12				Home	emaker				Но	ome		
17. FATHER'S NAME (First, A						18. MOT	HER'S NA	ME (First,	Middle, Maiden	Surname)		
James Mull		<u>d</u>							et Whal			
19a, INFORMANT'S NAME (nber, City or Town		,	
Nicholas C		ente	1		River		oad					nd 21401
1 Buriel 2 Cremell 4 Departion 8 Dithe	on 3 🗆 Flam	over from State			or disposition other place) S Cemet		0/	0A1		CATION —		
21. SIGNATURE OF FUNERA		CENSEE	THOLY	0108	22. NAM	LET AND ADDRE	SS OF FA	CIUTY T	4 Teac	man1	Penn	sylvania Tuneral Home
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MOUNT	M , (My 7-	_									otts, nd
23. PART I. Enter the c	nseasea, or	complications tha										
anock, or r	aart failure.	List only one cau	ise on each ii	daath. Do	not enter tha	mode of dy	Ing, suc	h aa cer	diec or respi	raiory en	reet,	Approximate Interval Between
iMMEDIATE CAUSE (Fi	aart fallure.	List only one can	ise on each il	death. Do	not enter tha	mode of dy	ling, suc	h as cer	Anta	with	reet,	
IMMEDIATE CAUSE (FI	aart fallure.	a. DUE TO	OCAL CONS	death. Do one.	Tu	fac	tion to	h as cer	Anta	wit	root,	Interval Between
iMMEDIATE CAUSE (Fi disease or condition resulting in death)	nai	a. Due to	ocar ocons	death. Do one.	Tu Fi: Isc	face hemi	tion a	h sa cer	Anta	enory en	root,	Interval Between
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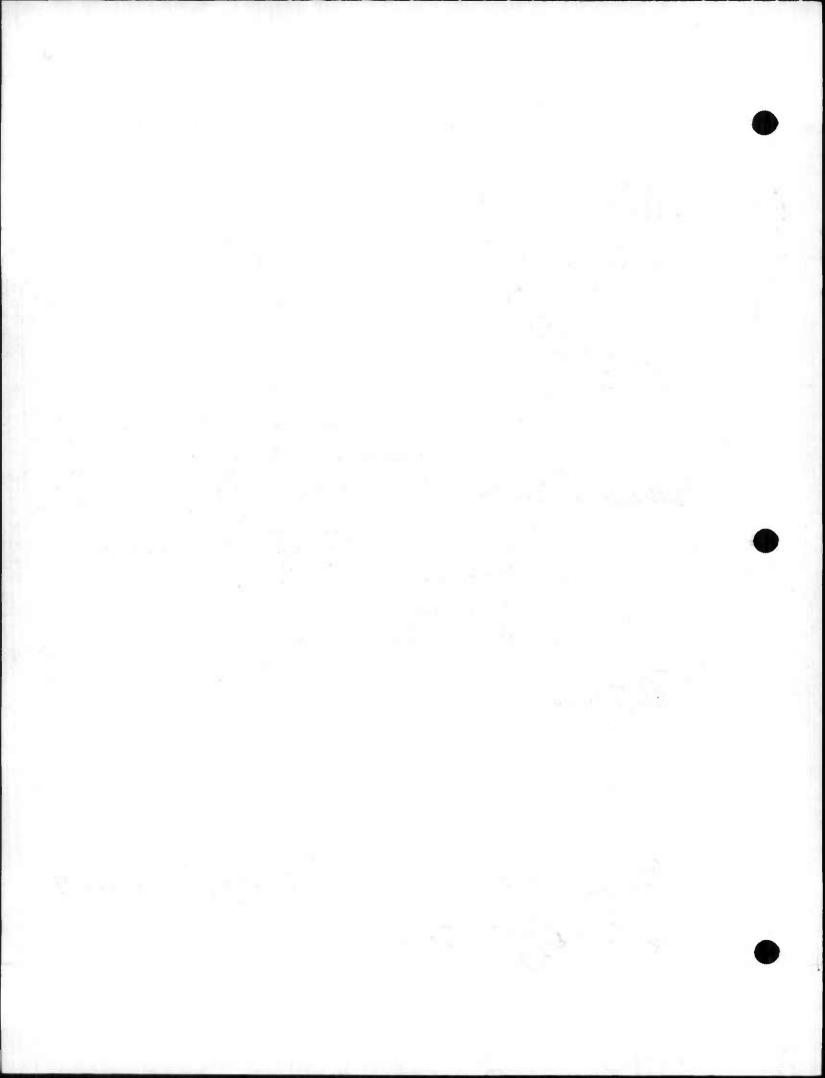
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMOR DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

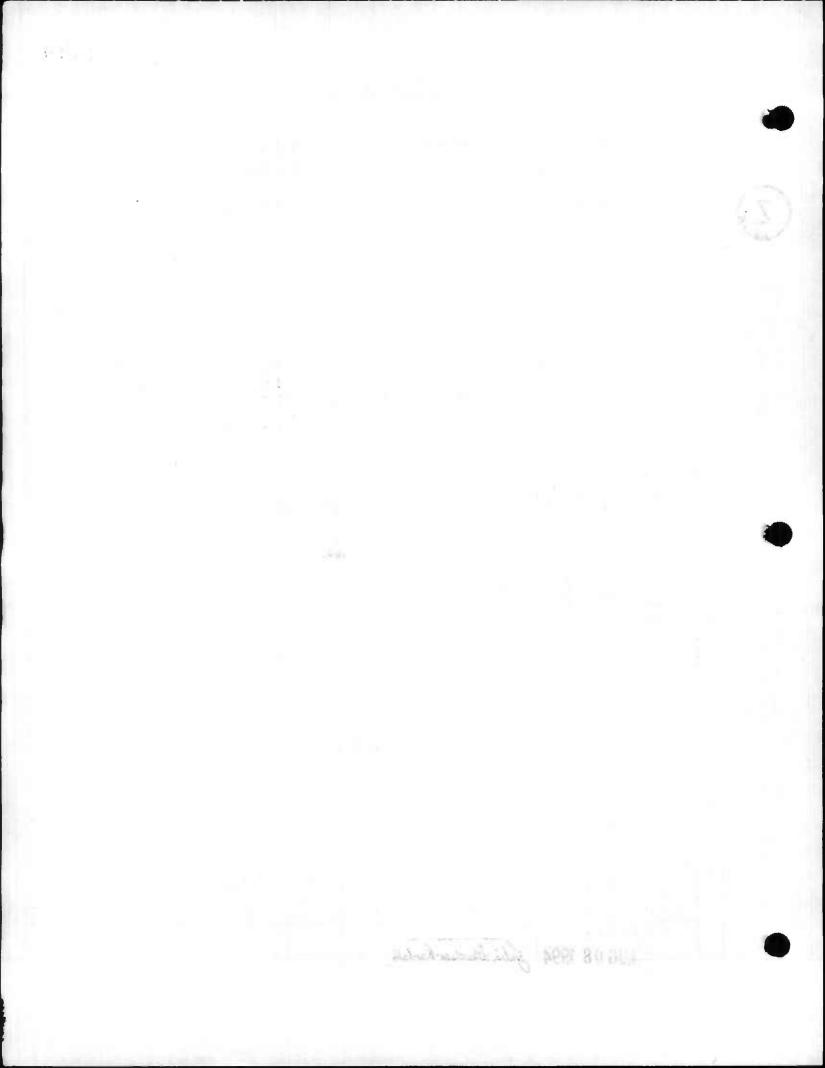
DHMH-18 Rev 1/89



	1 - STATE REGISTRAR	STATE OF MA		/ DEPAR					MENTAL	HYGIENE REG. NO.			
2	1. DECEDENT'S NAME (First, Middle, Lest) GLADYS M.	LARKINS							2. DATE OF MONTH	F DEATH DAY		YEAR	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-12-3218	1 🗆 M 2 🛣 K	88 AGE (In yrs. I	est birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF	BIRTH 905		Country)	ACE (State or Foreign
99. FACILITY NAME (If not institution, give street and number) KNOLLWOOD MANOR NURSING HOME RESIDENCE OF DECEDENT 109. STATE 109. COUNTY MARYLAND ANNE ARUNDEL 109. STREET AND NUMBER 215 ROSEWOOD STREET 11. MARITAL STATUS 11 Never Merried 2 Merried 3 KM/Midowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (G-12) 17. FATHER'S NAME (First, Middle, Lest) JAMES JOHNS 199. INFORMANT'S NAME (Type/Print) JOHN LARKINS		ME				ERSV.	ON OF DE	ATH			E ARI	JNDEL	
ECI		,		10c. CIT	Y, TOWN	OR LOCAT	ION					1	Od, INSIDE CITY
DIR	MARYLAND ANNI	E ARUNDEL		ANI	NAPO	LIS						- 10	LIMITS?
AL							ZIP CODE	Ę			10g. CITIZ	EN OF WH	AT COUNTRY?
NEF						_	21401						S.
B⊀	1 Never Merried 2 Merried	FORCES? 1	YES 2	RMED NO		If yes, sp	city_Cube		, Puerto Ric	(Specify Yes en, atc.)	or No —	14. RACE - Black, Specify: BLA	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)		ECEDENT'S				· ·	16b. K	IND OF BUSI	NESS/INDL	JSTRY	
MPLET			th	OMEMA	se retired.)	duning mo	St Or WOYAN	·v					
00							18. MOTI			ldle, Meiden 5			
B										E HARF			
2	ACCUSATION TO SERVICE AND ADDRESS OF THE PARTY OF THE PAR									City or Town			
	20e. METHOD OF DISPOSITION 1 図 Jurial 2 □ Cremetion 3 □ Remo	oval from State	20b. PLACE	EANDDATE	OF DISPOS	SITION /Ns	me of		DATE	20c. LOC	ATION — C	ity or Town	
		ENSEE	ANNAI	OLIS					j.	ANNA		5, MI	
	Janu HX	2000								ARY, F		21 / 01	
	ahock, or haart failure. I	List Dniy Ona cause	on aach iin	a.									Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if emy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSI	EOUENCE O	F):					15 (2	(21.8)		
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions OU) ITALE DEMONTER	OKE	eath but not	resulting	in the ur	nderlylng	ceuse ç	lven in F		4a. WAS AN A PERFORM	ED?	C	ERE AUTOPSY FINDINGS WALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					28. Pt.	ACE OF D	EATH (Che	ck only one)			1	
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient	3 DOA	OTHE				Other (S	Specifyt		g-refre	
Y PHY	27. MANNER OF DEATH 1 Pletural 5 Pending	28e. DATE OF IN (Month, Day,		28b. TIM		28c. INJI WO				RIBE HOW IN	JURY OCCI	VRED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF I	NJURY — At h	ome, ferm, o	street, tec				281. LOCATO	ON (Street en Town, Stete)	nd Number o	or Rural Rou	te Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE												nd menner ee stated.
BE	29b. SWHATURE AND TITLE OF CERTIFIER		up					NSE NUM					Ionth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITI	EM 27) (Type.	Print)	e ē	A	1. (SACT	(M	no	MY	721225
- 1	31. DATE FILED (Month (lav Year)	32 REGISTRAD								-			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$4 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-traisist be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020** IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 25 Tools after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be nelified at once.
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	1 - FOR REGISTRAR	STATE OF MARYLA		RTMENT OF H		MENTAL HYGI		
	1. DECEDENT'S NAME (First, Middle, Last)	van Coo I				2. DATE OF DEATH	DAY	3. TIME OF DEATH
		yn Sue Lor	VELACE vrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	216-44-0780	1 □ M 2 🛣 F 5 O	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year	944	Country) M D
_ 3	9a. FACILITY NAME (If not institution, give street			9b. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUNT	Y OF DEATH
0 B	1379 Biggs Hight	лау		Risin	g Sun		Ceci	1
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWH OR LOCA	TION			10d. INSIDE CITY
	MD Ceci:		Ri	sing S	ın			1 TYES 2 NO
₹	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZI	EN OF WHAT COUNTRY?
	1379 Biggs High				21911		USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	U.S. ARMED 2 NO TES	If you, up		NIC ORIGIN? (Specify in, Puerto Ricen, etc. y:		4. RACE — American Indian, Black, White, etc. Specify:
								white
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co Elementary/Secondary (0-12)	College (1-4 or 5+)		USUAL OCCUPATI work done during mo se retired.)		16b. KIND OF	BUSINESS/INDU	STRY
MP	12	0	Postm	aster		Post	al Ser	vice
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Mai	iden Sumame)	
BE	James Boyden Ha	1sey				Mae Gib:		
2	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	G ADDRESS (Street	and Number or Rural	Route Number, City or	Town, State, Zip C	Code)
	Dale Lovelace							MD 21911
	20s. METHOD OF DISPOSITION 1 Duriet 2 Cremetton 3 Remove	al from State	PLACE OF DISPO other place)		metery, crematory or		LOCATION C	fy or Town, Stata
	4 Donation 8 Other (Specify)	E1	beneze		ug 6 1		ising	Sun MD
1	21. SIGNATURE OF FUNERAL SERVICE LICES	ISEE /	10		ND ADDRESS OF FA		II O	
	* Suchard	L. So	ofile			Funeral		un MD 21911
	23. PAHT L Enter the diseases, or co	mplications that/caused	tha daath. Do	not antar the me	oda of dying, aud	h as cardiac or re	eapiratory erre	et, Approximete
	ehock, or heert fallure. List IMMEDIATE CAUSE (Finel	et only one cause on ea	ch line.					Interval Between Onset and Deet
П	disease or condition resulting in deeth)	Colon	Canc	11				7,006 60
	resulting in deetil)	DUE TO (OR AS A						3483 69
z								
9	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	IF):				
S	cause. Enter UNDERLYING CAUSE (Disease or injury							
CERTIFICATION	that initiated evente	DUE TO (OR AS A	CONSEQUENCE O	PF):				
	resulting in death) LAST							
- 1	PART II. Other aignificant conditions	contributing to death by	it not resulting	In the underlyin	o ceuse alven in	Port I 24a Whi	S AN AUTOPSY	24b, WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	<u> </u>			in the underty.	g court grown	PER	FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 🗆 YE	S 2 NO	OF DEATH?
Σ								1 TYES 2 NO
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0		HOSPITAL:		OTHER:	LACE OF DEATH (C/	heck only one)		
S		1 Inpetient 2 ER/Outpa		4 - Nursing Hor		8 Other (Specify)		
H	27. MANNER OF DEATH 1/X Natural 8 Pending	(Month, Day, Year)	28b. TH	JURY W	JURY AT ORK?	28d. DESCRIBE HO	OW INJURY OCCU	PRED
B	2 Accident Investigation			M 1 🗆				
	3 Suicide 8 Could not be	building, etc. (Special	— At home, farm,	street, factory, offic		28f. LOCATION (St. City or Town, S		r Rural Route Number,
T	4 Homicide determined							
PL	29a. CERTIFIER CERTIFYING PHYSICI	AN: To the best of my knowle	edge, death occur	red at the time, dat	and place, and du	e to the cause(a) and	manner as state	d.
	anal	On the beals of exemination	and/or investigati	on, in my opinion,	death occured at the	time, data and place	e, and due to the	cause(a) and manner as stated.
8								
COMPLETED	29b. SIGNATURE AND TITLE,OF CERTIFIER	1			29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Dav. Year)
TO BE COM	29b. SIGNATURE AND TITLE OF CERTIFIER	kes MD			29c. LICENSE NU		29d. DATE	SIGNED (Month, Day, Year)

Dr. Henry Farkas Northern Chesapeake Hospice 111 Howard St. Elkton, Md.

31. DATE FILED (Month, Day, Your)

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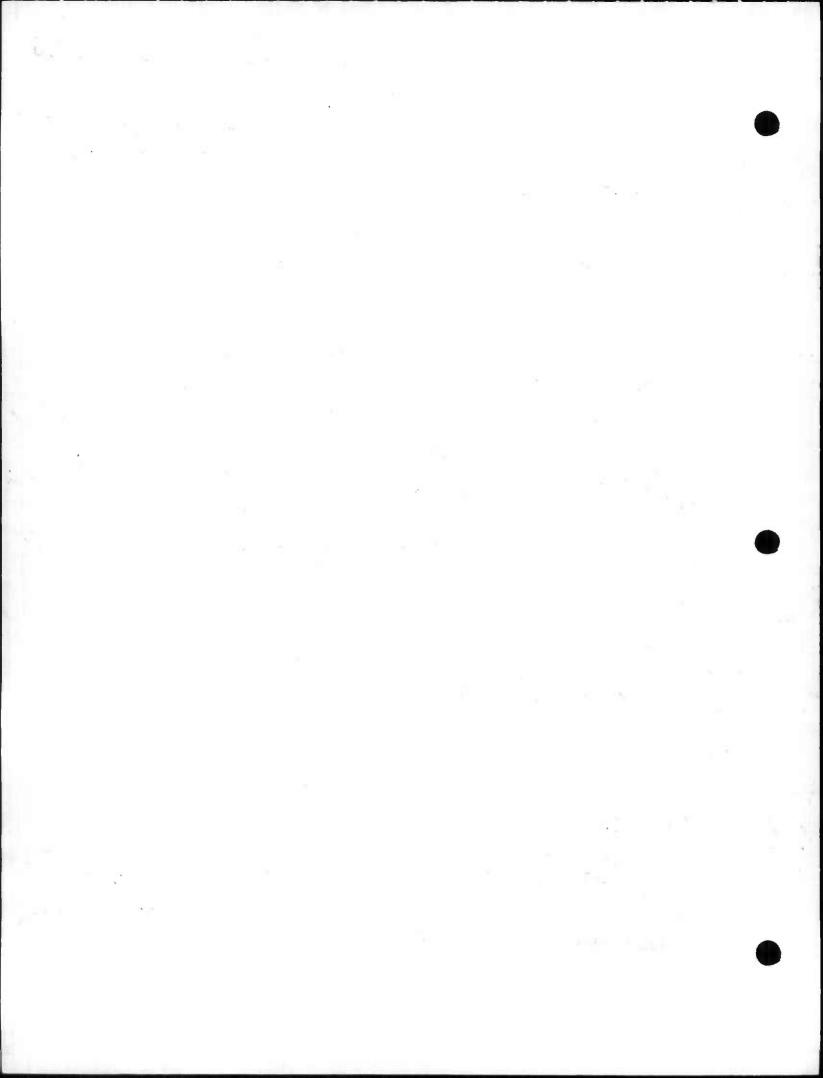
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מארו האיי , ארט ארו ועם	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within exhibit. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact be fined within 72 hours after death with the State Dear of Health and Merrial Horrieon prior to burial crempton, or removal	IMPORTANT. If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once
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	ING PHY	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the face within 72 hours after death with the State Deat of Health and Merital Hyriene prior to burial cremation or remanal.	татке
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	1 - STATE REGISTRAR	OIMIL OI II	CERTIF	ICATE	OF	DEATH		G. NO	_			
	1. DECEDENT'S NAME (First, Middle, Lest)						2. DATE OF D	EATH			3. TIME OF DEATH	
	MARY	NIGH		LONG	7		AUGUST	8		994	6:33 I	М
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. last birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. DATE OF BI			8. BIRTHE	LACE (State or Foreign	
	217 09 6638	1 M 2 xF	76 YRS.	MONTHS	DAYS	HOURS MIN.	67297	7.8		1arv	land	
	9a. FACILITY NAME (If not institution, give s	41	70	Sh CITY	TOWALC	R LOCATION OF DE						
DIRECTOR	Homewood Retir		enter			msport	EATH			ning		
S	10a. STATE 10b. COUNTY	r	10c. CI	TY, TOWN OF	R LOCAT	ION				Т	10d. INSIDE CITY	
뜻	Maryland Wash	ington	Нас	erst	OWI	1					LIMITS?	6
	10e. STREET AND NUMBER	Ington	mag	,		. ZIP CODE		_	10- 017		HAT COUNTRY?	
FUNERAL	1673 Langley D	rive				21740			USA		HAI COUNTRY?	
BY	11. MARITAL STATUS 1 Never Merried 2 1 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	TEVER IN U.S. ARMED SES 2 X NO NR OR DATES	11	yea, sp	ENDENT OF HISPAN scity Cuban, Maxica 2X NO Specify	n, Puarto Rican,			14. RACE Black, Vh I U	— American Indian, White, atc.	4
	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT	S USUAL OC	CUPATIO	ON .	16b. KIND	OF BU	SINESS/IND	USTRY		
ᇤ	Elementary/Secondary (0-12)	College (1-4 or 5 +	life Do NOT	work done di ise retired.)	uring mo	st of working						
릴ㅣ	12		Telepho	ne O)per	ator	Dept		of U	S.	Navy	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				-	18. MOTHER'S NA	ME (First, Middle,	Maiden	Sumame)			
S I	Frank Clayton	Nigh				Harrie				Z.		
∞	19a. INFORMANT'S NAME (Type/Print)		19h MAILIN	G ADDRESS	(Stroot a	nd Number or Rural i						\dashv
임	Russell W. Lon	g, Jr.				ey Dr.					21740	
	20m. METHOD OF DISPOSITION	-	20b. PLACE AND DATE						CATION —			-
	1X Buriel 2 ☐ Cremation 3 ☐ Ram 4 ☐ Donation 5 ☐ Other (Specify)	oval from Stata	Rest Hav	ther place)	eme	eterv	8/11	Ная	ers	town	, M.d	
	21 SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				D ADDRESS OF FA		1100	,		,	\dashv
	Seull)	Min	inich	Ge	ral	ld N. M	innich				otomac S wn, Md.	St
7	23. PART I. Enter the diseeses, or o	complications that	ceused the deeth. Do	not enter t	the mo	de of dying, suc	h es cerdiec d	or reepi	ratory arr	est.	Approximete	=
	shock, or heert fellure. IMMEDIATE CAUSE (Finst disease or condition resulting in death)	List only one cau	OR AS A CONSEQUENCE			Mai	1				Onset and De	ath
CERTIFICATION	Sequentielly liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted evente resulting in death) LAST	с.	(OR AS A CONSEQUENCE (
	PART ii. Other significent condition	e contributing to	death but not regulting	In the unc	derlying	ceuse given in	Part I. 24a.		AUTOPSY		WERE AUTOPSY FINDIN	GS
DICAL	Brain tumor.	- meni	ngiona				- 1	PERFOR			AVAILABLE PRIOR TO COMPLETION DF CAUSE	E
입	sazure disor	-Cala	J				' _	YES 2	□ NO		OF DEATH?	_
Σ	16700 000						-			1	1 YES 2 NO	
A N	25. WAS CASE REFERRED TO MEDICAL											_
<u> </u>	EXAMINER?	HOSPITAL:		OTHER		ACE OF DEATH (Ch	eck only one)					\dashv
PHYSICIAN: ME	1 YES 2 NO		ER/Outpatient 3 DOA	4 Nursi	ing Hom	5 Residenca	8 Other (Spe	cily)				
ᇤᅵ	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, D		JURY	28c. INJ WO	URY AT RK?	28d. DEŞCRIB	E HOW I	NJURY OCC	URED		ı
à l	2 Accident Investigation			М		'ES 2 NO						
OMPLETED	3 Suicide 8 Could not be datarmined	26a. PLACE O building,	F INJURY — At homa, farm, atc. (Specify)	atraat, facto	ry, offici	•	281. LOCATION City or Tow	(Street in State)	and Number	or Rural Ro	oute Number,	
	29a. CERTIFIER 1 ERTIFYING PHYSI	CIAN: To the heat of	my knowledga, death occur		. 4-4-							\dashv
Ž			aminetion and/or investiget									
8	100			on, in my op	minon, d	vent occured at the	ume, data and p	MRCE, AN	aue to th	- Cause(a)	and manner as stated	
BE (296. SIGNATURE AND TITLE DE GERTAFE	()		7.0		29c LICENSE NUN	BER		29d. DATE	SIGNED	Month, Day, Year)	
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F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	11	e, Print)	me	- Hec	prite	en	~ N	10 Z	0/94.	
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIONATURE			(7)			_			
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RECORDS, P.O. BOX 6876	v requires that the death certificate be executed v	been signed by the attending physician and com-
L RECORDS, P.O. BOX 6876	law requires that the death certificate be executed v	ias been signed by the attending physician and com-
FAL RECORDS, P.O. BOX 6876	The law requires that the death certificate be executed v	te has been signed by the attending physician and com-
ITAL RECORDS, P.O. BOX 6876	N: The law requires that the death certificate be executed v	icate has been signed by the attending physician and com- Serse Dare of Health and Mental Honians prior to hurial
VITAL RECORDS, P.O. BOX 6876	CIAN: The law requires that the death certificate be executed v	artificate has been signed by the attending physician and com- the Ceste Dank of Health and Mental Hunlane prior to hurlal
JE VITAL RECORDS, P.O. BOX 6876	YSICIAN: The law requires that the death certificate be executed v	s certificate has been signed by the attending physician and come the tea Ceste Dare of Health and Mental Homiene prior to fundal
N OF VITAL RECORDS, P.O. BOX 68760,	S PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	ar this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit parts who executed the property of Manas Honlines policy to burial transition or companies.

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)	MORGAN	TIFICATE OF		DATE OF DEATH MONTH DAY	YEAR 3. TIME OF I
	4. SOCIAL SECURITY NUMBER 093-12-0515	S. SEX 6. AGE (In yrs. leet birth	PRS. IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	B. BIRTHPLACE (State Country)
CTOR	Be. FACILITY NAME (If not institution, give at		96. CITY, TOWN	OR LOCATION OF DEATH	RIDE PU CON	TY OF DEATH
DIRE	10a. STATE 10b. COUNTY	Worcester"	c. CITY, TOWNLOR LOCA	COMOR	ce	10d. INSIDE LIMITS? 1 VES 2
FUNERAL	806 LYN Ha		10	2183	10g. CITIZ	EN OF WHAT COUNTR
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 № YES 2 NO IF YES, GIVE WAR OR DATES	If yes, s	CENDENT OF HISPANIC (pecify Cuban, Maxican, P S 2 NO Specify:		14. RACE — American Black, Whita, atc. Specify:
LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) (Give ki	ENT'S USUAL OCCUPATION of work done during me NOT use retired.)	ION lost of working	166. KIND OF BUSINESS/INDU	enance
E COMPL	17. FATHER'S NAME (First, Middle, Last)	Morgan	etirea	18. MOTHER'S NAME	(First, Middle, Meiden Surname)	riance
TO BE	RAYMOND A.		O LUMBA	and Number or Rural Route	POCOM Ke	ity md.
E E	20a. METNOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo 4 Donation 5 Other (Specify) 21. SIGNATURE OF SUNRAL SERVICE LIC	cemetery, cremato		Name of	DATE 20c. LOCATION - C	ity or fown, State
medical examiner	23. PART I. Enter the diseases, or canock, or heart fellure.	omplications that coused the deeth.	Do not enter the m	Fourth-Str	et Rocover a cardiac or respiratory arre	oce, Moi et, Appro Interv
event, the m	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO (OR AS A CONSEQUEN	fe f. 10 ICE OF):) Care	insma	Onset
CATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUEN	ICE OF):	0890	7)0	
ERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUEN	ICE OF):			
	PART II. Other algolificant condition	a contributing to deeth but not reau	ting in the underlying	ng cause given in Per	1 I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOP: AMAILABLE PP COMPLETION OF DEATH? 1 YES 2
MEDICAL C	1		26. F	PLACE OF DEATN (Check	only one)	
MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		me 5 Residence 6	Other (Specify)	JRED
or item 23 shows any injury iYSICIAN: MEDICAL C	EXAMINER? 1	HOSPITAL: 1 Inpettent 2 ER/Outpettent 3 E 26a. DATE OF INJURY (Month, Day, Year) 28	b. TIME OF 28c. IN	ORK?		
MEDICAL C	EXAMINER? 1 YES 2 NO 27. MANNER OF/DEATH	1 Inpatient 2 ER/Outpatient 3 E	b. TIME OF 28c. IN W	YES 2 NO	LOCATION (Street and Number of City or Town, State)	or Rural Route Number,

32. REGISTRAN'S SIGNATURE

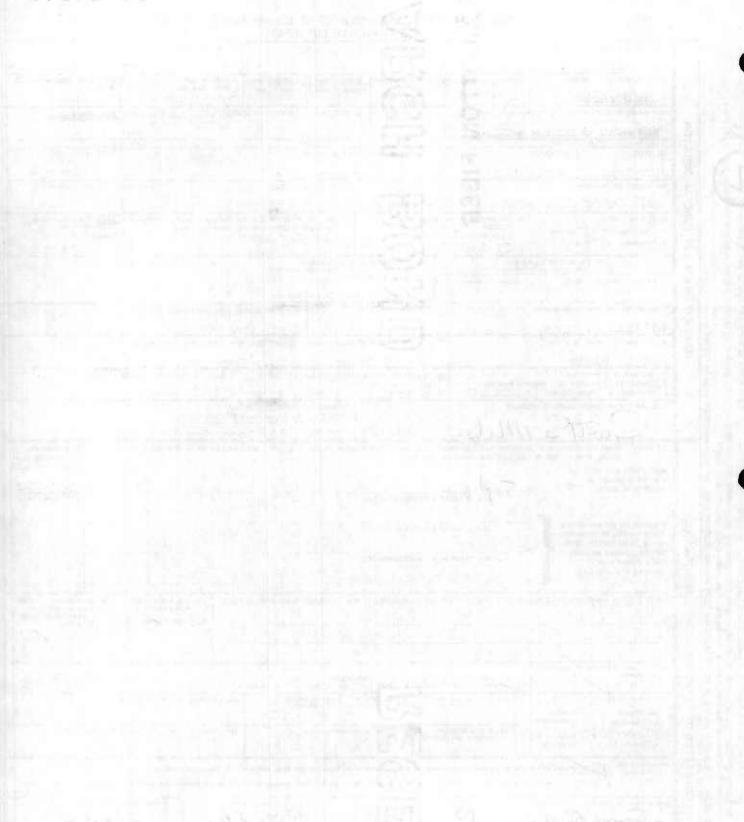
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR	STATE OF MAR		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.		
1. OECEOENT'S NAME (First, Middle, Li Willie J. M				2. DATE OF OEATH DAY	YEAR	3. TIME OF DEATN
4 SOCIAL SECURITY NUMBER		GE (In yrs, last birthday)		8 5	1994	9:02 a
426/03/4355	1 💢 M 2 🗆 F	77 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 2/10/1917	Lou	isiana
	1 Hospital	96	Berlin		Worces	
10a. STATE 10b. COU	INTY	10c. CITY, T	OWN OR LOCATION	100000000000000000000000000000000000000		10d. INSIDE CITY LIMITS?
	cester	Poc	Omoke City	104	g. CITIZEN OF W	1 YES 2 NO
100. STREET AND NUMBER 1941 Cedar Hall 11. Marital Status 1 Never Married 2 Married			21851		USA	
3 XWidowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YES 2 NO	13. WAS DECENDENT OF HISP/ If yee, specify Cuban, Maxic 1 YES 2 NO Spec	can, Puerto Rican, etc.)	14. RACE Black Specie	: American Indian, c, Whita, etc. //y: White
15. OECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	EQUICATION	16a. OECEDENT'S US	done during most of working	16b. KIND OF BUSINES	SS/INDUSTRY	7111100
12	2	Electroni	cs Engineer			
				AME (First, Middle, Meiden Surna	eme)	
William R. Moss 190. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Rura	Av. Wilks I Route Number, City or Town, Ste	ata, Zip Code)	
Margre Brair			dar Hall Rd.,			
20a, METHOD OF DISPOSITION DESCRIPTION Comparison 2 Cremation 3 1 4 Donation 8 Other (Specify)		20b.PLACE AND DATE OF D cemetery, cremetory or other Pitts Creek Pri			ON — City or To	
21, SIGNATURE OF FUNERAL SERVICE	LICENSEE	TOW CLOSE FI	22. NAME AND ADDRESS OF F	ACILITY	RE , MAIN	71900
Scott	Melsa		PO BOX 64, F	ocomoke City	, Mary	land 21851
23. PART I. Enter the diseases, shock, or heart fellu IMMEDIATE CAUSE (Finel disease or condition	or complications that ceure. List only one cause o		enter the mode of dying, au	ch as cerdiac or respirato	ry arrest,	Approximate Interval Between Onset and Deat
resulting in death)	DUE TO (OR	AS A CONSEQUENCE OF):				monters
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	AS A CONSEQUENCE OF):				
resulting in death) LAST	d					
PART II. Other significent condi	tions contributing to dear	th but not resulting in t	he underlying ceuse given in	Part I. 24a. WAS AN AUTO PERFORMED 1 YES 2	12/	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 A HO	HOSPITAL:		26. PLACE OF DEATH (C			
27. MANNER OF DEATH	28s. DATE OF INJU	RY 28b. TIME O	WORK?	28d. OEŞCRIBE HOW INJUF	RY OCCURED	
2 Accident Investigati	be 28s. PLACE OF INJ	URY — At home, term, stree Specify)	M 1 YES 2 NO	281. LOCATION (Street and A City or Town, State)	lumber or Rural F	Route Number,
anal .			t the time, data and place, and du			
		anon andor myanigation, p	29c. LICENSE NO			(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	OEATH (ITEM 27) (Time Del	1) 43	561	815	14
Gregorio Bellos				erlin, Md. 2	21811	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S					
AUG U J IS	JUT I GRANDE	Minus				DHMH-18 Rev 1



DIVISION OF VITAL RECORDS, P.O. BOX 68760.	BALTIMORE, MARYLAND 21215-
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nours after death. Page 6 may be retained by the hospital or attendit	Page 6 may be retained by the hospital or attendi
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filled within 72 hours after death with the State Dept, of Health and Mental Hypiene prior to burial, cremation, or removal.	director, page 5 should be detached for use as t
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	er must be notified at once.

	94	24549
	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.	
TO BE COMPLETED BY FUNERAL DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last) Annette Morgan 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 9a. FACILITY NAME (If not institution, give street and number) 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10d. STREET AND NUMBER 10d. COUNTY, 10d. CITY, TOWN OR LOCATION 11d. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Var or No.) 14. BACE.	OCCUPES Del. INSIDE CITY LIMITS? FYES 2 NO AT COUNTRY? American Indian, White, atc. 2 C.K.
CERTIFICATION	23. PART I. Enter the disease, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF):	Approximate Interval Between Onset and Death
TO BE COMPLETED BY PHYSICIAN: MEDICAL	PERFORMED? 1 YES 2 NO OH	nd manner as stated.

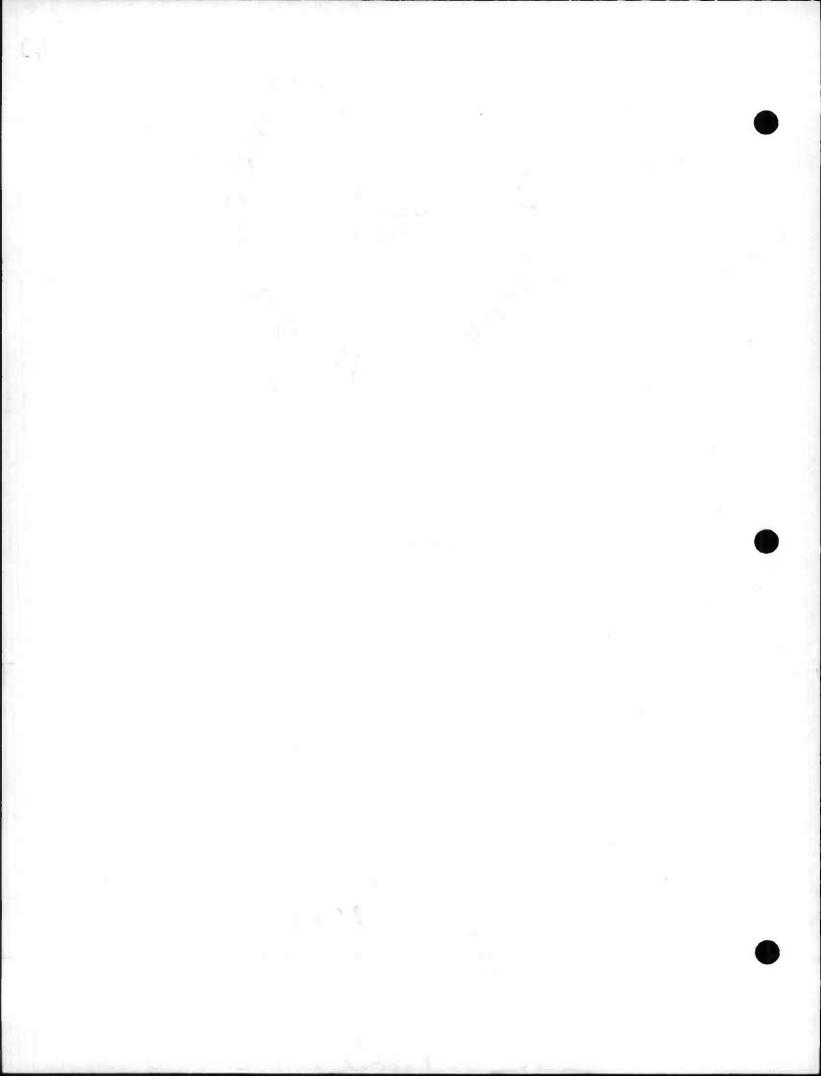
ASON MYG COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

NOW CG W 2 MM 5 00

32. REGISTRAR'S SIGNATURE

AND DAY GAME DAY GOOD PANDALL

31. DATE FILED (Month, Day, Voar)
AUG 0 3 1994



DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	ifter death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transh in the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	y the funeral director, page 5 should be detached for use as the burial-gransh noval.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	cal examiner must be notified at once.

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENE
		C	ERTIFICATE	OF	DEAT	H		REG.	NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) Keith Co	mpton Ma	nning			2. DATE OF DEATH JULY 31,1		YEAR 3.	TIME OF DEAT	Рм
	4. SOCIAL SECURITY NUMBER 578-34-6714								ryland	
TOR	90. FACILITY NAME (If not institution, give state Livingston Healt RESIDENCE OF DECEDENT				Washing		9c. COUNT Prin	Y OF DEAT		5
DIRECTOR	100. STATE 100. COUNTY Maryland Princ		own on Locat Linton	ON		10			Šιο	
FUNERAL	100. STREET AND NUMBER 11106 Piscatawa	y Road		101	ZIP CODE 2073	35		U.S.Z	A.	
B⊀	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF ORCES? 1 TYPES, GIVE WAR OR D	2 X 10	If yes, spe		NIC ORIGIN? (Specify Year, Puerto Rican, atc.)		4. RACE — Black, W Specify: AUCAS	American India	ın,
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12th	CATION completed) College (1-4 or 5+) N/A	18a. DECEDENT'S US (Give kind of work life. Do NOT use re Guard	done during mos		166. KIND OF BU		STRY		
BE COMF	17. FATHER'S NAME (First, Middle, Last) Roger Ignatiu		Guara			ME (First, Middle, Maiden aret Helen	Surneme)		IKCITC	
TO B	190. INFORMANT'S NAME (Type/Print) Robert F. Shaw			Same	as 10 A		vn, State, Zip C	ode)		
	206. METHOD OF DISPOSITION 1 XBurlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 220. PLACE AND DATE OF DISPOSITION (Name of Aug. 3 196) Accokeek, Maryland 221. NAME AND ADDRESS OF FACILITY 222. NAME AND ADDRESS OF FACILITY									
	· Clarles Z	Bélon	ger	6633	Old Alex	Lee Fur Kander Fern	cy Rd (Clint		
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, ehock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Pure 10 (ORAS A CONSEQUENCE OD)									etween
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
AL	Stroke Corony 2 feny bress 1 yes 2 DENO OFE							ERE AUTOPSY FI AILABLE PRIOR OMPLETION OF C T DEATH?	TO	
PHYSICIAN: MEDIC	DID TOBACCO USE (CONTRIBUTE TO	CAUSE OF D		ES NC					
HYSIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Out 28a. DATE OF INJURY				6 Other (Specify)	INJURY OCCU	RED		
B	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 🗆 Y	ES 2 NO					
ETED	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, streef, factory, office building, stc. (Specify) 28s. PLACE OF INJURY — At home, farm, streef, factory, office City or Town, Stete) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)								e reamour,	
3 Suicide 6 Could not be determined building, stc. (Specify) 29e. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner early one)									nd manner ee si	tated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIEF				29c. LICENSE NUI	MBER	29d. DATE S	SIGNED (MC	onth, Day, Year)	\neg
	30. NAME AND ADDRESS OF PERSON WHO ROSSING L9 12 31. DATE FILED (Month, Day, Year)	O COMPLETED CAUSE OF DE	21 an	3/10) esta	my rel	C1.	5/	3 km	2
	MIGA 9 1994	Genericantesin-	Sello for							

U.

_	1 - STATE REGISTRAR		STATE OF N		CERTI					RE	G. NO.			
	1. DECEDENT'S NAME (First, James	-	Mahan,	Jr.						2. DATE OF DI MONTH AUGUS	DAY	1994	YEAR	9:00AM
9	4. SOCIAL SECURITY NUMB		5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS					24 HRS.	7 DATE OF BI	RTN		. SIRTHPI	ACE (State or Foreign	
	220-34-46	64	M 2 F 81 YRS. MONTHS DAYS HOURS				HOURS	MIN.	June 2		13	Penr.		
	9a. FACILITY NAME (If not in	etitution, give s	street and number)			9b. CIT	Y, TOWN	OR LOCATIO	ON OF DE	4		9c. COUN		
5	4908 Kirby Road						Cl:	inton				Prir	nce G	eorge's
UIMECTOR	10a. STATE	10b. COUNT	Υ		10c. 0	ITY, TOWN	OR LOCA	TION					1	0d. INSIDE CITY
	Maryland	Prin	ce George	e's		Clint	on						1	LIMITS?
¥.	10e. STREET AND NUMBER						10	f. ZIP CODE			T			AT COUNTRY?
LONER	4908 Kirby	Road							2073				ed St	tates
R	11. MARITAL STATUS 1 Never Married 2 3 XXVIdowed 4 Divo	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	3XXNO	13	If yes, sp	CENDENT O Secity Cubar 2XXNO	n, Mexica	NIC ORIGIN? (Spo an, Puerte Ricari, y:	atc.)	or No—	Specify:		
3		EDENT'S EDU			18a. DECEDENT	'S USUAL (OCCUPATI	ON ost of workin	0	16b. KIND	OF BUSI	NESS/INDU		
E	Elementary/Secondary (0		College (1-4 or 5	+)				ost of worldn			2 1			
COMPL	8th				Maili	ng Co	nsuı	_				Com	pany	
_	James Ira M									ME (First, Middle, aller	Maiden S	umame)		
BE	19a. INFORMANT'S NAME (7				19b. MAILI	G ADDRES	S (Street			Route Number, Cit	N or Town	State Zin I	Corde1	
임	Grace L. Ma													
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town										n, State			
	1 Burtel SAXCremetton 3 Removel from State Camelery, crematory or other place August 2,1994 Clinton, Maryl													
Ì	22. NAME AND ADDRESS OF FACILITY OF FUNETAL HOME, Inc 6633 Old Alexander Ferry Road, Clinton Md													
	Old Alexander Ferry Road, Clinton, Md													
	23. PARTI. Enter the diseases, or complications that claused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.													
Ī	IMMEDIATE CAUSE (Final									Onset and De				
	disease or condition resulting in death) a. Recurrent ischemic stroke								Hours					
	DUE TO (OR AS A CONSEQUENCE OF):													
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Diseas								years.					
5										years.				
	that initiated events		DUE TO	atherosclerotic coronary heart disease DUE TO (OR AS A CONSEDUENCE OF):								Jeann		
CERTIFICATION	resulting in death) LAS	·	d diabetes melitus, type II.									Years.		
- 11	PART ii. Other significe	ent condition	ns contributing to	death b	ut not resultin	g in the u	nderlyin	g cause g	lven In		WAS AN A			/ERE AUTOPSY FINDIN
3			cardiovas							1.0	PERFORM	1	0	MAILABLE PRIOR TO COMPLETION DF CAUS
MEDICAL			adder car					struc	tiv	e	160 1	M. IIIO		F DEATH?
	pulmonar	ry dis	ease. net	roge	nic bla	adder	•							
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			ОТНЕ		LACE OF DI	EATN (Ch	neck only one)				
2	1 TYES 2 NO		1 Inpatient 2		_	4 🗆 Nu	rsing Non		sidence	6 Other (Spe				
ВУ РН	27. MANMER OF DEATN 1 Natural 5 Pending 2 Accident Investigation 28e. DATE OF INJURY (Month, Day, Year) 28e. DATE OF INJURY AT WORK? M 1 YES 2 NO													
ETED		Could not be determined	building,	atc. (Spec	At home, term	r, street, ra	жогу, отн			261. LOCATION City or Tow	n, State)	d Number o	r Hural Ho	Ne Number,
COMPLET			ICIAN: To the beat of ER: On the basis of a											and manner as state
10 BE (296. SIGNATURE AND TITLE	tr	00	m)	m			29c. LICE D128		MBER				fonth, Day, Year) 1. 1994
	PETER W.YIN	M.D.	7900 OLI	SE OF DE	ANCH AV	pe, Print) E. SU	ITE	101,	CLI	NTON, MA	ARYAI	ND 2	0735	
	31. BATE FILED (Month, Day,		32. REGISTRA											
- 1	AUG 0 3 19	Q <u>/</u>	Solia David	S001-1	jandelle									

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTM			MENTAL HYGIEN				
15	1. DECEDENT'S NAME (First, Middle, Last) PATRICK Charle					2. DATE OF DEATH		EAR	TIME OF DEAT	
J	4. SOCIAL SECURITY NUMBER 261-25-6002	1 ☑ M 2 ☐ F 34	"	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year) February 24	6.	BIRTHPL/ Country)	MCE (State or Fe	oreign
OR	90. FACILITY NAME (If not institution, give street and number) 1215 LIBERTY SQUARE RD 96. COUNTY OF DEATH HARFOR									
DIRECTOR	100. STATE 10b. COUNT Maryland Harf	COUNTY 10c. CITY, TOWN OR LOCATION 10d. IN								
FUNERAL I	100. STREET AND NUMBER 1215 Liberty Square				21017	·	United	OF WHA	T COUNTRY?	
84	11. MARITAL STATUS 1 XX Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 XNO	If yes, sp		NC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No 14.	RACE -	American Indi	01.100
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)	JCATION 10 completed) College (1-4 or 5+) 5+	Give kind of work file. Do NOT use re	done during mo-		United S	SINESS/INDUS	TRY	ont.	
BE COM	17. FATHER'S NAME (First, Middle, Last) David Joseph Mitchel	1	OHEM TO C		16. MOTHER'S NA Rose Mary	ME (First, Middle, Maider		VELTIIII	elic	
TO 8	19. INFORMANT'S NAME (Type/Print) Rose Mary B. Priest					Route Number, City or Tow Beach, Flor				
	20s. METHOD OF DISPOSITION 1 All Burlat 2 Cramation 3 Removal from State 4 Dohlard Disposition Specify Floriad Memorial Cardens 20b. PLACE AND DATE OF DISPOSITION (Name of cometery, crematory or other place) Floriad Memorial Cardens 20c. LOCATION — City or Town, State Rockledge, Florida									
	21. SIGNATULE OF FUNERAL SERVICE LI	MO0690	^	Beach	Funeral Hosouth Patr		Harbour 1	Beach	, FL 3	2937
	23. PART I. Entar the diseases, or complications that caused the deeth. Do not antar the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (or as a conscouence of):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
A	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 V YES 2 NO 25 NO 26 NO 26 NO 27 DEATH									TO CAUSE
PHYSICIAN: MEDIC	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO	CAUSE OF I		YES NO	<u> </u>	ry	1	Y YES 2 🗆	
HYSIC	EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outpati		THER: Nursing Hom	e 5 ☐ Residence	6 Other (Specify) 26d. DESCRIBE HOW	IN ILIBA OCCITA	ED		
BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide s Could not be	(Month, Day, Year) 7, 26. 9 26a. PLACE DF INJURY —	Y PURY	M 1 1	res 2 No	SUBJEZ	T 5+	COT	SELF	-
COMPLETED	4 Homicide determined	building, stc. (Specify,	mé	1100		1215 Li	BERTY	SAL	imp	
COMP	(Check only one) 2 MEDICAL EXAMINE	ER: On the best of my knowled						euse(s) en	d manner es s	stated.
TO BE	29b. SIGNATURE AND TITLE OF CENTRE	78			O.C.1				27,19	
	30. NAME AND ADDRESS OF PERSON WE	11	1 Penn	Stree	t, Bal	timore,	Maryla	and	21201	L
	31. DATE FILED (Month, Day, Year) ALLG 0. 2. 1994	32. RECOSTRAR'S SIGNATION	on-Randall							

	1		ermit. Pages 1, 2	
· Alexandre	BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transition, or removal.	he medical examiner must be notifiled at once.
(6)	DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nous after death. Page 6 may be retained by the hospital or attending physicials.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-trafficit permit. Pages 1, 2, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N	MENTAL HYGIENS
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)		3. TIME OF DEATH							
	KATHLEEN	A. MURPI				August C		4 0405 am		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DAYE OF BIRT'N (Morith, Day, Year) 1 M 2 DF 56 YRS. WONTHS DAYS HOURS MIN. 1-38-38							IRTHPLACE (State or Foreign ountry)		
<u>"</u>	9a. FACILITY NAME (If not institution, give a Washington Cou		own or location of Death gerstown Sc. County of Death Washington							
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT						VVUS	usnington		
DIRE	D-1	106. COUNTY Maryland Prince Georges 10c. CITY, TOWN OR LOCATION Seabrook						10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	1102 / 20110							of what country?		
	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED			NIC ORIGIN? (Specify Ye	or No.— 14. R	IACE — American Indian, Black, White, etc.		
B	1 X Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D			2 XNO Specif	n, Puarto Rican, etc.) y:		White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S U: (Give kind of wo life. Do NOT use	rk done during mo	on st of working	state Carro	SINESS/INDUSTR			
N P L	Elementary/Secondary (0-12) 12	College (1-4 or 5+)	Patent			U.S.	Navy De	ept.		
	17. FATHER'S NAME (First, Middle, Last) William T. Mu	rohv				ME (First, Middle, Meiden te Dorothy		ar		
O BE	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural	Route Number, City or Tow	n, State, Zip Code))		
-	Patricia Mackey					, Seabrook	•			
	20s. METNOD OF DISPOSITION 1 N Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemety cremetory or other piece) Cate Of Heaven Cemetery 8/3/94 Silver Spring, MD									
	21. SIGNATURE OF UNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY RENDON/Hale Lanham Funeral Home									
-	23. PART. Enter the diseees, or	complication that course	d the death. Do no			oed, Lanham,				
	shock, or heert fellure. IMMEDIATE CAUSE (Final	List one cause on a	ach line.	t enter the mo	ratory arrest,	Approximate interval Between Onest and Death				
	disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
2	Partially askin Is Phenomen 3									
ATIO	Sequentielly list conditione, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):					3-4-4		
ERTIFICATIO	CAUSE (Disease or Injury that Initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	504 00						
CER		d								
CAL	PART II. Other eignificant condition	ne contributing to deeth b		the underlying	ceuse given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC						1 TYES 2	E-NO	DF DEATH? 1 YES 2 NO		
Ä	25. WAS CASE REFERRED TO MEDICAL	Τ								
2	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATN (Ch	6 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH 1 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c. INJ	URY AT	2ed. DESCRIBE NOW	NJURY OCCURED)		
1 (g) Pending M 1 YES 2 NO 2 Accident investigation 28 PLACE OF IN HIST. At home from steat fortune office.							iral Route Number,			
4 Nomicide detarmined building, etc. (Specify) City or Yown, State)										
COMPL	1	ICIAN: To the best of my know ER: On the basis of exemination						se(s) and manner as stated.		
S E	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUI	MBER	29d. DATE SIGN	NED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WI		ATH (ITEM 27) /Type P	Print)	D(801	7	>8.1.	54		
	VASANT DATH				14 LERS-	town, mo	2176	(0		
	31. DATE FILED (Month, Day, Year) AUG 0 2 1994	32. REGISTRAR'S SIGN								
	א אינו א ע טיית	2.10 200 10001 1								

The state of the s
IU IME HOSPITAL OM ALLENDING PHYSICIANT THE IAW REquires that the death certificate be executed within a hours after death. Page 5 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burhal, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

	1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPARTI CERTIFIC	MENT OF H	EALTH AND I	MENTAL HYGI				
	1. DECEOENT'S NAME (First, Middle, Last)		2. DATE OF DEATH					3. TIME OF DEATH	
	ESTHER	MAE McDonald				July 29	2:52 A M			
	4. SOCIAL SECURITY NUMBER			ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea	r)	8. BIRTHI	PLACE (State or Foreign	
	220-32-4498	1 M 2 XF	67 YRS.			Apr 10				
œ	9a. FACILITY NAME (If not Institution, give				R LOCATION OF DE	ATH TO	9c. COU			
DIRECTOR	Memorial Hospita	11		Cumber	land		A]	llega	iny	
REC	10s. STATE 10b. COUN		10c. CITY,	TOWN OR LOCATE	ON			$\overline{}$	10d. INSIDE CITY LIMITS?	
		dford	Bedf	ord				1 YES 2 NO		
RAL	10e. STREET AND NUMBER			10f.	ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	Route 3 Box 54	12. WAS DECEDENT EVI	TO IN IL O ADMICO	1 40 11110 0000	15522		USA			
	1 Never Married 2 1 Married	FORCES? 1 Y	ES 2 NO	If yea, spe	city Cuben, Mexice	IIC ORIGIN? (Specify n, Puerto Rican, etc.		Black,	— American Indian, , White, atc.	
BY	3 Wildowed 4 Divorced	IF TES, GIVE WARN O	H DATES A	1 U YES	NO Specify	,		Specifi		
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION Je completed)	18a. OECEDENT'S US	SUAL OCCUPATION k done during mos	N t of working	16b. KIND OF	BUSINESS/IND		Le	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use i							
¥	17. FATHER'S NAME (First, Middle, Last)		homemak	er			wn ho	me –		
						ME (First, Middle, Mai				
BE (Charles Painte) Y	19b. MAILING A	ODRESS (Street an	Gladys	(nmn) Route Number, City or	Town, State, Zip	Code)		
2	John C	McDonald	Rou	te 3 Box	x 546 Be	dford H	PA 15	5522		
	20s. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Rec	moval from State	20b. PLACE AND DATE OF cemetery, crematory or othe	DISPOSITION (Nan			LOCATION -		vn, Stete	
	4 Donation 5 Other (Specify)		Restlawn Me	emorial	Gardens	8/01/	aVale	MD		
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE /	11	Scarr	elli F	uneral	Home			
_	yares T	2 cax	alli:	Cumbe	rland,	Marvla	nd 2	1502	2	
1	23. PART Enter the diseases, or shock, or heart failure	. List only one ceuse of	eed the deeth. Do not n each line.	enter the mod	le of dying, suc	h es cerdiec or re	espiratory srr	est,	Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition									
	resulting in death) e DUE TO (OR AS A CONSEQUENCE OF):									
z	(SPD									
CERTIFICATION	Sequentially ilst conditions,									
S	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
Ë	that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENCE OF):	han in	4-					
CE		d								
AL	PART II. Other significent condition	ns contributing to deet	th but not resulting in	the underlying	ceuse given in	Part I. 24a. WAS PER	AN AUTOPSY FORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
Sign						1 🗆 YE	S 2 NO		COMPLETION OF CAUSE OF DEATH?	
M	DID TODA COO HEE								1 YES 2 NO	
PHYSICIAN: MEDIC	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	COMIKIBULE	O CAUSE OF		CE OF DEATH (Ch					
SIC	EXAMINER?	HOSPIPAL:		THER:		8 Other (Specify)				
품	27. MANNER OF OEATH	28e. DATE OF INJU (Month, Day, Ye.	RY 28b. TIME (OF 28c. INJU	RY AT	28d. OESCRIBE HO	W INJURY OC	CURED		
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJ building, atc. (URY — At home, farm, stre Specify)	eet, factory, office		28f. LOCATION (Str City or Town, S.		or Rural Ro	oute Number,	
COMPLETED	29a. CERTIFIER	10141 - 1 - 1 - 1	3				-semes -			
M M		SICIAN: To the best of my siles. On the bests of sysmin							and menner as stated	
- 11	29b. SIGNATURE AND TITLE OF CENTRE		/		29c. LICENSE NUM					
BE	0.	lumber			D 3676		290. DAT) C	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pr	rint)	2 3070		7	1-4		
	Dr. V. Poonai,	P.O. Box 33	8, Cumberla	and, MD	21501					
	31. DAREFUED (MAR) 04 994	The section of	tandy the							
	V									

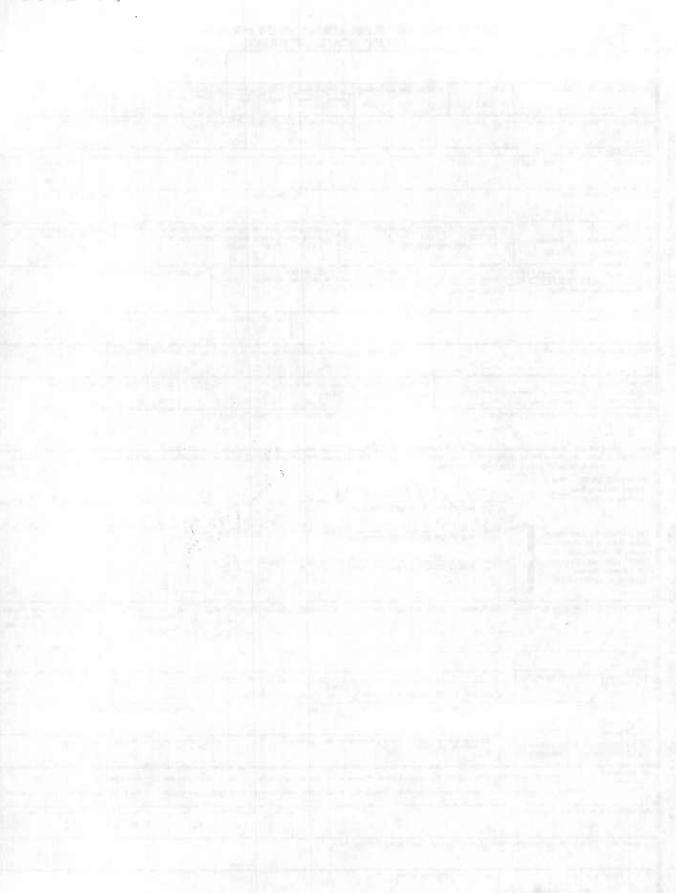
1		STATE	RA
1	. D	ECEDENT'S	N

4. SCALL SECURITY NUMBER 4. 1	ME OF DEATH
Set FRACE PROPERTY NAME (First Numbers) Set FRACE PROPERTY	602
The process of the pr	E (State or Foreign
The STORE STATE SHAME CHART AND MANUER 466 WORTHINGTON ROad 11. MARITAL STATUS 12. WAS DECEMENT EVEN IN U.S. AMMED 13. Widowed 4 Diversed 15. WAS DECEMENT OF INSPANC ORIGIN? (Specify Yes or No.— 16. STATUS 17. WAS DECEMENT FOR NOW MAY TO STATUS 18. DECEMENT STATUS 19. DECE	and
No. STREET AND NUMBER No. COUNTY No. COUNTY No. STREET AND NUMBER 466 Worthington Road 12 Was December of Property 13 Was December of Property 13 Was December of Property 13 Was December of Property 14 Was December of Property	de1
10. STREET AND NUMBER 466 WOrthington Road 12. Wea DECEDENT even in U.S. ADMED 13. Wead DECEDENT even in U.S. ADMED 14. Never Mental 2) Z.S.Married 15. Never Mental 2) Z.S.Married 16. Never Mental 2) Z.S.Married 17. Never Mental 2) Z.S.Married 18. NECEDENT SEDUATION (Specify only hybrair prode convenient) 19. S. D. NO 19. D.	INSIDE CITY
### A66 Worthington Road ### 11. MARTAL STATUS 11. Was DECEDENT EVER IN U.S. ARMED PORCES? 1 YES \$2,300 If YES \$2,300 If YES \$2,000 If YE	YES 2 NO
11. MANITAL STATUS 1 New Married 2025Married 12. WAS DECEDENT FOR IN U.S. ANNED 13. WAS DECEDENT OF INSPANCE ORIGINARY (Search, Purito Nician, etc.) 14. SEC. AN IN 1 Yes. Specify (Chain, Mascian, Purito Nician, etc.) 14. SEC. AN IN 1 Yes. Specify (Chain, Mascian, Purito Nician, etc.) 14. SEC. AN IN 1 Yes. Specify (Chain, Mascian, Purito Nician, etc.) 14. Sec. Married	
3 Widowed 4 Otheroad IF YES, GIVE WAR OR DATES No Specify: No	
Elementary (Secondary (N-1972) College (1-4 or 5 +)	White
T7. PATNET'S NAME (First, Middle, Lest) Leonard C. Kremann 198. INFORMANT'S NAME (First, Middle, Maiden Sumanne) Leonard C. Kremann 198. INFORMANT'S NAME (First, Middle, Maiden Sumanne) James V. Mooney 198. MALING ADDRESS (Sirred and Number or Rural Recurs Number, City or Town, Step 2, Code) 198. MALING ADDRESS (Sirred and Number or Rural Recurs Number, City or Town, Step 2, Code) 198. MALING ADDRESS (Sirred and Number or Rural Recurs Number, City or Town, Step 2, Code) 198. MALING ADDRESS (Sirred and Number or Rural Recurs Number, City or Town, Step 2, Code) 198. MALING ADDRESS (Sirred and Number or Rural Recurs Number, City or Town, Step 2, Code) 198. MALING ADDRESS (Sirred and Number or Rural Recurs Number, City or Town, Step 2, Code) 198. MALING ADDRESS (Sirred and Number or Rural Recurs Number, City or Town, Step 2, Code) 198. MALING ADDRESS (Sirred and Number or Rural Recurs Number, City or Town, Step 2, Code) 198. MALING ADDRESS (Sirred and Number or Rural Recurs Number, City or Town, Step 2, Code) 198. MALING ADDRESS (Sirred and Number or Rural Recurs Number, City or Town, Step 2, Code) 199. MALING ADDRESS (Sirred and Number or Rural Recurs Number, City or Town, Step 2, Code) 100	
19b. MAILING ADDRESS (Street and Number of Burel Boules Number, City or Town, Steek, 2th Code) James V. Mooney 466 Worthington Rd. Millersville Md. 211 20b. PLACE AND DATE of DISPOSITION (Name of contents) A Donation 6 Other (Specify) Meadowridge Memorial Park 8/3/94 Jessup Mary1 21. SIGNATURE OF FUNERAL SERVICE LICENSEE PRODUCTION OF THE Glassess, or complications that caused title death. Do not enter the mode of dying, such as cardisc or reapiratory arrest, ashock, or heart failure. List only one cause on asch line. 10 Other significant conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Indir) that initiated events resulting in death) DUE TO (OR AS A CONSEQUENCE OF):	
James V. Mooney 466 Worthington Rd. Millersville Md. 211 30s. METNOO OF DISPOSITION 46 Danation of Committee Commi	
20b. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cember), cramatory or other place) 20c. LOCATION — City or Town, 84 20c. BOATE 20c. DOATEON— City or Town, 84 20c. BOATEON— City or Town, 85 20c. BOATEON— City or Town, 85 20c.	08
21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the disease, or complications that caused tile death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, and onck, or heart failure. List only one cause on asch line. 14. PER ALCEMIA 25. PART II. Other algnificant conditions, it any, isading to immediate cause. Entar UNDERLYING 26. DUE TO (OR AS A CONSEQUENCE OF): 27. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. WAS CASE REFERRED TO MEDICAL EXAMINER? 29. PLACE OF INJURY AT WORK? 10. Natural 5 Pending Investigation 26. Due to (Procure and Number or Rural Poolite Natural Poolite	
21. SIGNATURE OF PUNERAL SERVICE LICENSEE PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arreat, shock, or heart failure. List only one cause on asch line. IMMEDIATE CAUSE (Final disease or conditions, as a conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQ	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATN (Check only one) 27. MANNER OF DEATR 1 YES 2 NO 28. PLACE OF DEATN (Check only one) 27. MANNER OF DEATR 1 Natural 5 Pending Investigation 28. DATE OF INJURY NJURY NJURY NJURY NJURY 1 YES 2 NO 28. PLACE OF INJURY At home, farm, street, tectory, office 28. LOCATION (Street and Number or Rural Route Note) Note of Number or Rural Route N	Interval Betw Onset and Di 6 WK
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 No.	E AUTOPSY FINDI ABLE PRIOR TO PLETION OF CAUS EATH? YES 2 NO
1 YES 2 NO	
Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. LOCATION (Street and Number or Rural Route N	
Dullding, etc. (Specify)	
	humbac
29a. CERTIFIER (Check only one) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. Discretely the control of the cause(s) and due to the cause(s) and due	lumber,
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)	2001



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DNMN-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0	after death. Page 6 may be retained by the hospital or attending	by the funeral director, page 5 should be detached for use as the imoval.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within it is mours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.
	TO THE HOS	TO THE FUNI be filed within

1, 2, 3 should

FUNERAL

BY

COMPLETED

must be notified at once.

medical examiner

shows any injury, or other traumatic event, the

CERTIFICATION

PHYSICIAN: MEDICAL

В

H 2

Item 23

marked, or

IMPORTANT: If item 28 is COMPLETED

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Rachel Mc Kenzie 1994 1:35 **YWY** AM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 05-17-1910 1 M 2 KF YRS. 214-07-4003 W.V 9a. FACILITY NAME (If not institu 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Magnolia Grandens Nursing Home Prince Georges Green bett, Maryland 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md Colmar Manor Prince Georges 1 YES 2 | NO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3609 43rd Ave. 20781 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 2 NO 1 Never Married 2 Married 1 TYES 2 NO Specify 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) Mamager Dairy Store 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Alexander Rowe Beeman avina 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Joseph H. Rowe 22 Laurel Drive, Bryans Road, Md. 20616 Box 68, 20a. METHOD OF DISPOSITION

1 Surial 2 Cremation 3 Rem
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Josephs Cemetery 8-3-94 Midland Md. 21. SIGNATUMBLOF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Eichhorn-McKenzie Funeral Home onaconing, Md. 21539 23. PART I. Enter the disesses, or complications that caused the dasth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata hock, or haart failure. List Dnly Dne cause Dn aach line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition resulting in daath) DUE TO (OR AS A CONSEQUENCE OF) Cartromyopathy Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? Se -rac' 1 YES 2 70 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 - Inpetient 2 - ER/Outpetient 3 - DOA

4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, streel, factory, office building, atc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 29s. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred st the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

the state of the s			
29b. SIGNATURE AND DITLE OF MERTIFIER		no License Minner A 34	
	COVEC, 78	29c. LICENSE NUMBER D 31001	290. DATE SIGNED (MONTH, Day, Year)
	0/	1 1 3 / 1 1 1 -4	7/21/0/
	17 6 1. 6 . 6 . 6 . 6 . 6		7/5//74

CETED CAUSE OF DEATH (ITEM 27) (Type, Print) 7500- Greenway Catr. Dr. #430 30. NAME AND ADDRESS OF PERSON WHO CO wart rkew; Greenbelt, Md. 20770

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Newspar Randall AUG 0 9 199

DHMH-16 Rev 1/89

7:30PM

8. BIRTNPLACE (State or Foreign

2. DATE OF DEATH

08 - 06 DAY 1994 PAR

BE

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

DAVID ARTHUR MILLER

5. SEX

212385809	1 📉 2 🗆 F	52	YRS.	MONTHS DA	HOUNS	01	/09/1	942		
9a. FACILITY NAME (If not institu	tution, give street and number)				WN OR LOCATI	ON OF DEATN		9c. COU		
SACRED HEAR				CU	MBERLA	ND		ALL		
RESIDENCE OF DECE	IOB. COUNTY		10c. CIT	Y, TOWN OR L	OCATION					
MARYLAND	ALLEGANY		E	LLERSL	IE					
10e. STREET AND NUMBER					101. ZIP COD	E		10g. CIT		
P.O. BOX 248	8		21529							
11. MARITAL STATUS 1 Never Merried 2 Ma 3 Wildowed 4 Divorce	OF NISPANIC OR an, Maxican, Pua Specify:	IGIN? (Specify Yerlo Ricen, atc.)	on No-							
	DENT'S EDUCATION highest grade completed)			USUAL OCCU	PATION og most of worki	na	16b. KIND OF BU	JSINESS/INI		
Elementary/Secondary (0-12	5+	+)	OLICE	o retired.)	ICER		MD ST	ATE :		
17. FATHER'S NAME (First, Middle ARTHUR PA							E LEY			
19a. INFORMANT'S NAME (Type BARBARA J							Number, City or To			
20a. METHOD OF DISPOSITION 1 Burlat 2 Cremation 4 Donation 5 Other (Sp	3 - Ramoval from Stata	cemetery, c	rematory or of	OF DISPOSITIO		1		OCATION -		
21. SIGNATURE OF UNERAL SERVICE LICENSEE LYBARGER CEMETERY 8/10/9 22. NAME AND ADDRESS OF FACILITY HARVEY H. ZEIGHY HYNDMAN, PA										
iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ACUTE	MYOCAR O (OR AS A CONS	DTAL EQUENCE OF	F):						
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. OUR TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.										
resulting in death) LAST										
PART II. Other significant	conditions contributing to	o death but not	resulting i	in the under	lying cause	given in Part		RMED?		
25. WAS CASE REFERRED TO MEXAMINER?	MEDICAL HOSPITAL:	FB/Outpatient	3 🗆 00A	OTHER:		DEATH (Check on				
27. MANNER OF OEATH 1 Netural 5 Per	28a. DATE OF		26b. TIM	E OF 280	: INJURY AT WORK?		DESCRIBE HOW	INJURY OC		
3 Suicida 6 Co	26a. PLACE (OF INJURY At atc. (Specify)	home, farm, s	street, factory,	offica	28f.	LOCATION (Street	and Number		
Tomeso de	ramining						City or Town, State			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32 RECISTRAR'S SIGNATURE

PAUL SNOW, M.D.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH

D 09157

DPTY MED EX

124 W 3RD ST CUMB MD 21502

MARYLAND 9c. COUNTY OF DEATH ALLEGANY COUNTY 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, atc. WHITE ISINESS/INDUSTRY ATE POLICE vn, State, Zip Code) 21529 OCATION - City or Town, Stata PA BUFFALO MILLS, FUNERAL HOME 5-0636 iratory arrest, Approximate interval Between Onset and Death 1 HR 2 YRS 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO INJURY OCCUREO and Number or Rural Route Number, nner as stated. nd due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 8/6/94

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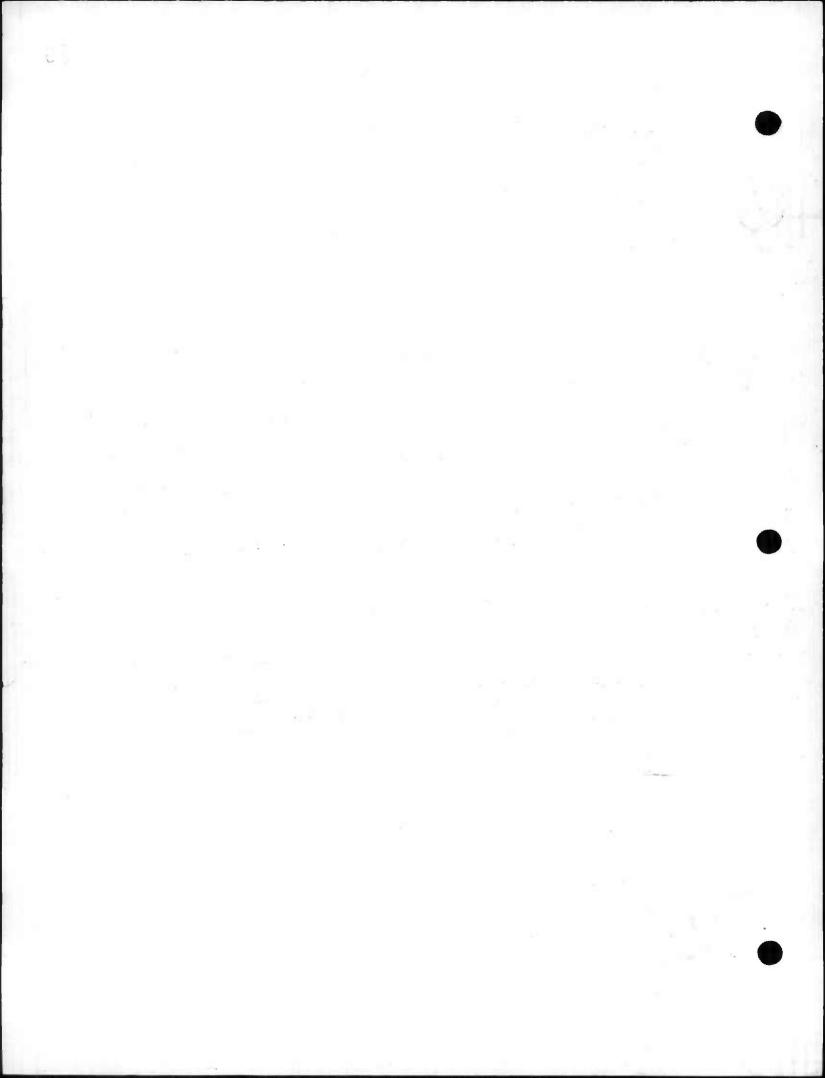
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death TO THE FUNERAL DIRECTOR: After this certificate has been signed by the atten be filed within 72 hours after death with the State Dept. of Health and Mental I IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, o	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within annual reference feath. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria be filed within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	ITEMS: 27, 28b,28f	, PER MEO FILM	G-720 2/6	/95 t.t			94	24558
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR			MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last) Dorothy	B .		Milker	,	2. DATE OF DEATH DATE OF MONTH DATE	1) 1994	3. TIME OF DEATH 1547 M
	4. SOCIAL SECURITY NUMBER 208-32-2126	1□M2 🕵 78	In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/24/16	e. sra Cou PA	THPLACE (State or Foreign nitry)
TOR	9a. FACILITY NAME (If not Institution, give structure) Union Hospital RESIDENCE OF DECEDENT	of Cecil C	canty		R LOCATION OF DE		9c. COUNTY OF	+ A
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	N.J. Cape	e May	1 F	Brucker	Dr. N	. Cape M		1 TYES 2 X NO
ERA	1 Brucker Dr.				08204		USA	WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	13. WAS DEC	ENDENT OF HISPAN iclo, Cuban, Mexica 2 NO Specify	IIC ORIGIN? (Specify Yes n, Puarlo Rican, atc.)	Bia	CE — American Indian, lick, White, atc.
COMPLETED	15. OECEDENT'S EOUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEOENT'S (Give kind of a life. Do NOT us Homem		N st of working	166. KIND OF BUS	aker	
BE COM	17. FATHER'S NAME (First, Middle, Last) Raymond Rast	ter			Julie	ME (First, Middle, Maiden Brockm		
10	19a. INFORMANT'S NAME (Type/Print) Charles R. Mil	ller	196. MAILING Beach	ADDRESS (Street as	nd Number or Rural F hesapea	Number City or Town	Md . 2	56 Hollywoo 1915
	20a. METHOD OF DISPOSITION C Burlal 2 Cremetton 3 Remort	206	PLACE AND DATE OF	OF DISPOSITION (Nat ther place)		OATE 20c. LO	cation - city or exel H	
	21. SIGNATURE OF FUNERAL BERVICE LICE	Lif				St. Elk		
	23. PART I. Enter the diseases, or co shock, or heart/failure. L	omplications that caused list only one cause on e	the deeth. Do rech line.	not enter the mod	de of dying, auci	h as cardiac or respi	ratory arreat,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	DUE TO (OR AS A	Obstrace on conscious of		manar	* Diseas	e	Onset and Death Years
TION	Sequentially list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):							
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):							
CER	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AU							
PHYSICIAN: MEDICAL	PART II. Other significent conditions Possible Acc	1 04 700	Acute.	fracta	cause given in	Part I. 24a. WAS AN PERFOR	MED?	4b, WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N.	DID TOBACCO USE C	CONTRIBUTE TO	CAUSE OF	DEATH Y	ES P NO			1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF DEATH (Che	eck only one)		
HYS	1 VES 2 VATO	1 Inpetient 2 ER/Outp	28b. TIM	E OF 26c. INJI	JRY AT	6 Other (Specify) 28d. DE\$CRIBE HOW II	NJURY OCCURED	
ВУ Р	1 Natural 5 Pending 2 (Accident Investigation	08-01-9	4	A M 1 Y	ES 2 NO	fall		
	3 Suicide 6 Could not be detarmined	28a. PLACE OF INJURY building, atc. (Spec	At home, farm, a		1	281. LOCATION (Street a City or Town, State)	SAME AS #	
COMPLETED		CIAN: To the beat of my knowless. COn the beats of examination						e(a) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER Wallace	bonshain			29c. LICENSE NUN	07129	DATE SIGNI	9 2 1994
۴	30. NAME AND ADDRESS OF PERSON WHO WAR NEEDED OBEN.	Shain I MIL	CRC	rilton	md.	21913		

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32. REGISTRAR'S SIGNATURE



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	표	計画	
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perhilfs be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

		#4, Fil	.mG717	11/25	/94 ka	m						91	1 2	455	9
		1 - STATE REGISTRAR			MARYLAND /						MENTAL HYGIEN				
$-\Gamma$		1. DECEOENT'S NAME (First,	Middle, Last)	MARY	E. MO	RROW			7.		2. DATE OF OEATH			3. TIME OF O	EATH
		Mary		PIAICI	E. FIO	KKOW	Λ	Adv	rou)		07	YEAR 91	1. 7	LA ION
ł		4. SOCIAL SECURITY HUMBE 2 0 6 - 1 2 - 2 1 6	R	5. SEX	6. AGE (In yrs. las	st birthday)		R I YEAR	IF UNDER		7. DATE OF BIRTH		a. BIRTHP	LACE (State or	Foreign
		194-20-7674	-	1 🗌 M 2 🗶 F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	July 13,	1024	Country)		
		9a. FACILITY NAME (If not ins	titution, give stre	et and number)			9b. CIT	Y, TOWN C	OR LOCATI	ON OF DE			NTY OF DE		ııa
	8	Union	HOSP	at Ce	eil Co	untr			to				Cec		
	DIRECTOR	RESIDENCE OF DECI	10b. COUNTY					OR LOCAT						10d. INSIDE C	aTY
3	듬	Maryland	Cec	i 1		,	Carl.	evil	10					LIMITS?	
4	7	10e. STREET AND NUMBER					-		. ZIP COD	E		10a, CIT		AT COUNTRY	
,d	FUNERAL	44 Fairfi	old Ave			- 4			219	19			J.S.A		
	ξl	11. MARITAL STATUS			T EVER IN U.S. AR	MED	13	WAS DEC			VIC ORIGIN? (Specify Ye			- American in	ndlee
	- 4	1 Never Married 2 A	herried	FORCES? 1 IF YES, GIVE W	YES 2 X	ND	"	It yes, sp	ecify Cubs	in, Maxice	n, Puarto Rican, etc.)	01110	Black,	White, atc.	vonerr,
	ă	3 🖔 Widowed 4 🗌 Divorc	ced	IF TES, GIVE Y	MIN ON OATES			1 L YES	2 XNO	Specify	γ:	- 1	Specify Whi		
	요ㅣ		DENT'S EDUCA		16a. DE	CEDENT'S	USUAL (CCUPATIO	ON		16b. KIND OF BU	SINESS/INC		-	
	ETED	(Specify only Elementary/Secondary (0-1	highest grade co	College (1-4 or 5	lite.	ive kind of a	work done se retired.,	during mo	st of working	ng					
	립	11	,	Conege (1-4 b) 5	"	Ho	mem	aker			Y				
nce.	COMPL	17. FATHER'S NAME (First, Mic	idle, Last)				Jancomo	WIOI.	18. MOT	HER'S NA	ME (First, Middle, Malder	(Surnáma)			
3		Watson	Woote	ere '							ie Collins	7.70			
9	BE	19a, INFORMANT'S NAME (Ty)		CI 2	10	h MAII INC	ADORES	C /Proper o			Route Number, City or Tox		0.41		
Total I	2														
2		William A								. , K	arleville,				
must be notified at once.		20a METHOD DF DISPOSITION 1 AS Buriel 2 Cremetion		ral from State	cemetery, cre	matory or o	ther plece	1			18/0/	CATION -			
E		4 Donation 5 Other (Mece	Holl	ywood						arrir		, DE.	
examiner		b Dan	O A	8 H.	-6-5		22	Hick 103	s Horwest West	ne fo Sto	or Funeral ckton Stre 21921	et P.	A.		
medicai		23. PART i. Enter the dis	eases, or co	mplications tha	t caused the de	eath. Do r						dratory arr	eet,	Approx	imate
E		anock, or na	art fellure. Li	st Dnly one cau	ise on each line	ð.									Between and Death
the		IMMEDIATE CAUSE (Fina disease or condition	31	Ca	1.1	11			1	_					
ent,	ŀ	resulting in death)	a.	DUE TO	OR AS A CONSE	DIJENCE O	= Y)1	CYT	nage	2				73	hour
20	_ 1				(. ,.		•					Ì	
other traumatic event, the	CALION	Sequentially list condition		DUE TO	(OR AS A CONSE	DUENCE O	n.								
E !	₹	If any, leeding to immediceuse, Enter UNDERLYIN			(-11710-1102	DELITOR O	,,							İ	
9		CAUSE (Disease or Injur		OUF TO	(OR AS A CONSE	OLIENCE DI	FI.							<u> </u>	
to I	1	thet initieted events resulting in death) LAST			(on no n conce	OULHOL D								j	
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injury,	ا پ	PART II. Other eignificen	t conditions	contributing to	deeth but not r	recuiting	In the u	nderlyln	g ceuee :	given in			24b. 1	WERE AUTOPS	r FINDINGS
any	DICAL	R+Sabelavi	an c	nortica	-fem	Avail	124	000	SA	Jun 5	PERFO			AVAILABLE PRICOMPLETION C	
SA .	ш	Convalsio		Foneal	Sho						1 YES	2		OF DEATH?	
700	Σ	DID TOBACCO								1 NC			- ['	1 NES 2] ND
23	Ž I	25. WAS CASE REFERRED TO		OTTIKIDOT	L TO CAU	JL 01									
item 23	SICIAN	EXAMINER?		HOSPITAL:	, acceptable		OTHE	R:			eck only one)				
0 3	<u>"</u>	27. MANNEB OF DEATH		28a. DATE DF	ER/Outpatient 3					esidence	6 Other (Specify)				
	ZHZ	t Natural 5 P	endina	(Month, D		26b. TIM	URY	1 —	RK?	- 22	28d. DEŞCRIBE HOW	INJURY OC	CURED		
mar	ا م		vestigation				M	1 🗆 ነ		ND		-			
	2		could not be	28a. PLACE O building,	F INJURY — At ho atc. (Specify)	me, tarm,	street, fac	tory, offic			281. LOCATION (Street City or Town, State		or Rural Ro	ute Number,	
24 I I	- 1	- Connected di													
ltem.	MPLE	29e. CERTIFIER (Check only	FYING PHYSICI	AN: To the beat of	my knowledge, de	ath occum	ed at the	time, date	and place	, end due	to the cause(s) end me	nner as stat	ed.		
訚	5	0.70									time, data and place, a			and manner e	a stated.
	3	29b. SIGNATURE AND TITLE (ENSE NUM				Month, Day, Ye	
2 2	4	s Siz	191	Cara L.	h/	0				_		▶ .△	. GIGHED (
= (2	30. NAME AND ADDRESS OF	DEBEON WHO	COMPLETED COM	7 , 771	-	27.1		·	1-0	7129	1 17	229	0	94

Mallace
31. DATE FILED (MONTH, Day, Year)
AUG 0 9 '94

Obenshain m.
32. REGISTRAR'S SIGNATURE
Achie Davidson-Rendere

1	-	STATE REGISTRA
1	-	ECEDENT'S N

STATE OF MADVIAND / DEPARTMENT OF MEASTLY AND ASSISTAL INVOICEMENT

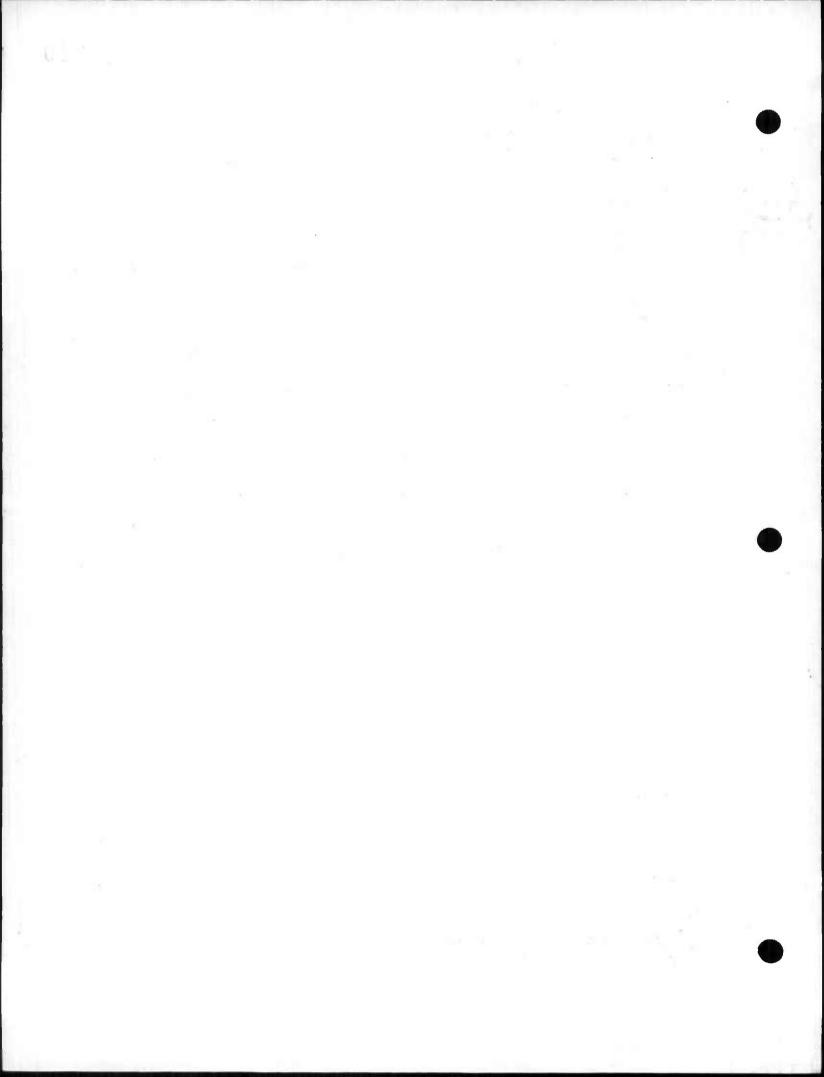
1 - STATE REGISTRAR	SIAI	L OF MAN	CERTI	FICATI	E OF	DEATH	MEN IAL	REG. NO.	:		
1. DECEDENT'S NAME (First, M		Mall					MONTH	OF DEATH DAY		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 199-22-6402	3. SEA		GE (In yrs. lest birthde	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH Day, Year) 1,192	1	Country)	LACE (State or Foreign
9a. FACILITY NAME (If not instit Washington Co	ounty Hos					R LOCATION OF DI		1,1,2	9c. COUNT	Y OF DE	ATH
Washington Considered Mostin 18 Carolina	DENT Db. COUNTY Craven		10c. C	New	or Locat					Ī	10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER 511 Plantation 11. MARITAL STATUS 1 Never Merried 2 W M	on Drive	····				ZIP CODE 28562					HAT COUNTRY?
3 Widowed 4 Divorce	FOR	DECEDENT EVE CES? 1 YE ES, GIVE WAR OF			If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexica 2 NO Specif	in, Puerto R		or No- 1	4. RACE	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) Owner/operator 17. FATHER'S NAME (First, Middle, Meiden Sumeme) 18. MOTHER'S NAME (First, Middle, Meiden Sumeme)											
17. FATHER'S NAME (First, Middle Robert Stutz	enberg	_			_	18. MOTHER'S NA	ME (First, M	liddle, Maiden S	Sumeme)		
190. INFORMANT'S NAME (Type Gerald H. Mu						n Dr., N				ode)	
29e. METHOD OF DISPOSITION Suriel 2 Cremetion 4 Donetion 5 Other (S) 21. SIGNATURE OF FUNERAL S	pecify)	-	20b. PLACE AND DAT cometery, crematory o Rest Hav	en Ce	mete			4 Hage	ersto		n, State Maryland
23. PART I. Enter the dise	4110	Her	much	41 م	5 E.	Wilson	Blvd.	., Hage	ersto	wn,	Md. 21740
iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list condition if any, leeding to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	a. Ga	DUE TO (OR A	S A CONSEQUENCE S A CONSEQUENCE	OF):	uy o						Interval Betwee
PART II. Other eignificent	conditions contril	buting to death	h but not resultin	g in the ur	nderlying	g ceuse given in	Part i.	24a. WAS AN A PERFORM	NED?		MERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO
25. WAS CASE REFERRED TO A	4EDICAL I										
EXAMINER? 1 YES 2 NO	HOSP		Putpatient 3 🗆 DOA	OTHE!	R:	ACE OF DEATH (Ch					
27. MANNER OF DEATH 1 Netural 5 Per		. DATE OF INJUF (Month, Day, Yea		IME OF NJURY M	28c. INJ WO			CRIBE HOW IN	JURY OCCU	RED	
3 Suicide 8 Co		PLACE OF INJU- building, atc. (S	JRY — At home, term Specify)	n, street, fec	tory, offic			ATION (Street or or Town, Stete)	nd Number o	Rumi Ro	ute Number,
Arrel	YING PHYSICIAN: To the										end menner ee stated.
296. SIGNATURE AND TITLE OF	r certifier Day La					29c. LICENSE NUI	MBER			SIGNED (Month, Day, Year)
31. DATE FILED (Month, Day, Yea AUG 151994	O	REGISTRAR'S SI	IGNATURE	pe, Print)							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. To be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-18 Rev 1/89



1. DECEDENT'S NAME (First, Middle, Last)			MENT OF HEALTH A		REG. NO.		
Wilma Avis McGinr				2, DATE (OF DEATH	1994	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 223-26-7640 98. FACILITY NAME (if not institution, give	1 🗆 M 2 😾 F	77 YRS. MC	FUNDER 1 YEAR IF UNDER 24 NITHS DAYS HOURS I	7, DATE (Month) 3-30	E BIRTH Day, Yogr) -1917	A. BIRTI	PLACE (State or Foreign
Washington County			Hagerstown	OF DEATN		ashing	
10a. STATE 10b. COUNT			own or location				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 11923 Robinwood I	Orive	757	101. ZIP CODE 21742		10	U.S.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	3 2 XNO	13. WAS DECENDENT OF A			Blac Spec	E — American Indian, k, Whita, etc. #y:
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	life. Do NOT use n	done during most of working stired.)	10	KIND OF BUSINE	SS/INDUSTRY	100
17. FATHER'S NAME (First, Middle, Lest)		Wire Inst			rgan Mfg		
John GANO				EVERA	liddle, Maiden Sum	eme)	
19s. INFORMANT'S NAME (Type/Print) Allen T. McGinnis	5		PORESS (Street and Number or Robinwood Dr.	Rural Route Numb	er, City or Town, St		1742
20a. METNOD OF DISPOSITION 117 Burial 2 Cremation 3 Real 4 Donation S. Other (Specify)	2	Ob. PLACE AND DATE OF I	DISPOSITION (Name of	8-16-9	20c. LOCATI	ION — City or To	
23. PART i. Enter the disasses or shock, or heart failure iMMEDIATE CAUSE (Final disasse or condition resulting in death)	Complications that cause on Auth M	ed the death. Do not each line.	Douglas A. Funeral Horenter the mode of dying	me	Hagerst	own. M	
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OFFINIO	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	and Du	D			
PART II. Other significant condition	ona contributing to death	but not resulting in	tha underlying cause give	en in Part i.	24a. WAS AN AUTO PERFORMED	0?	. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL		/	28. PLACE OF DEAT	FM /Check only on	-1		
EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:				
27. MANNER OF DEATH 1 [] Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. INJURY AT	28d. DE\$	CRIBE NOW INJUI	RY OCCURED	u baka
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e, PLACE OF INJUI	RY — At home, farm, streecify)		281. LOCA	ATION (Street and hor Town, State)	Number or Rural	Route Number,
29s. CERTIFIER 1 DENTIFYING PNYS	SICIAN: To the best of my kno IER: On the bests of examinat						
opel			The state of the s		,		s) and menner as stated
opel		3.4	29d LICENS	E NUMBER	29	d. DATE SIGNED	a) and menner as stated. (Month, Day, Year)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 687604

BALTIMORE, MARYLAND 21215-0020





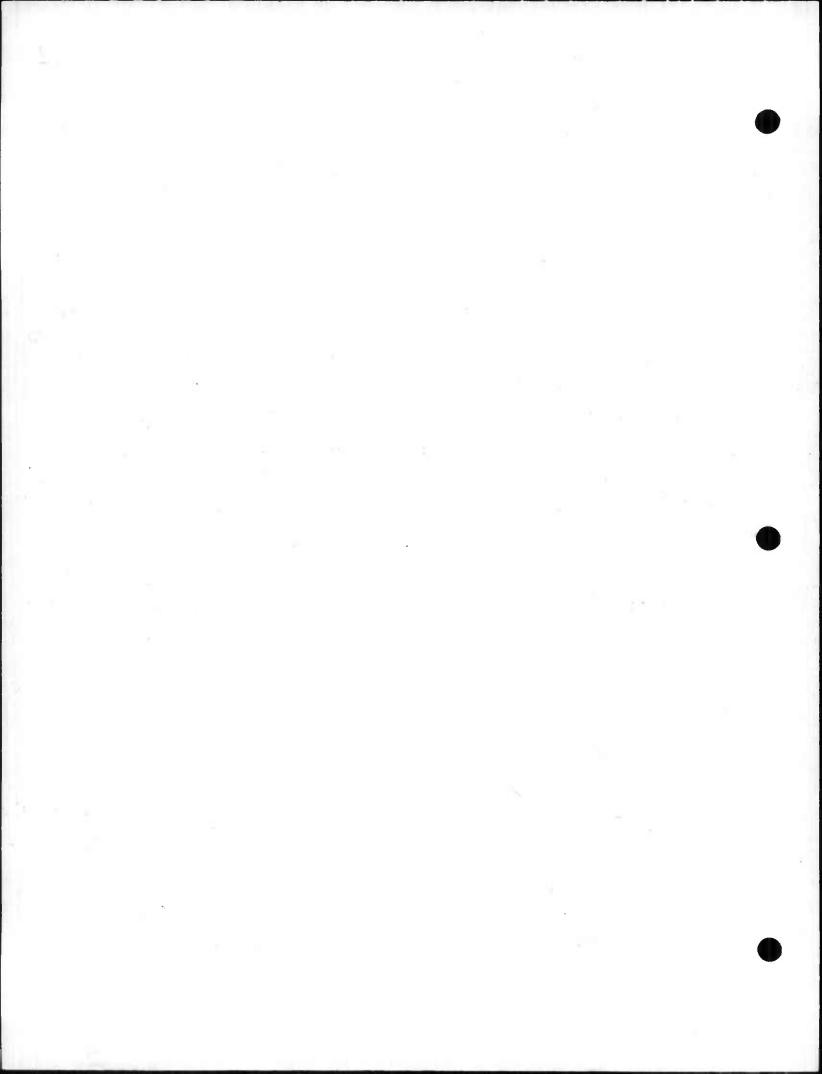
30. NAME AND ADDRESS OF PERSON WHO COMPLETED

31. DATE FILED (Month, Day, Year) AUG 1 6 1994

ON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

		Francis Aloisi	us mazzo							91	ł	24362
		1 - STATE	STATE OF MARYL					MENTA				
_		REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERI	IFICAI	E OF	DEATH	T	REG. NO		_	
			A	Mar	20			MONT			YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (R 1 YEAR	IF UNDER 24 HRS.	HUG	OF BIRTH	4	PIDTE	PLACE (State or Foreign		
ENTE de .		r	1 M 2 □ F 77 YRS. MONTHS DAYS				HOURS MIN.	(Mon	th, Day, Year)		Countr	y)
-		9e. FACILITY NAME (If not institution, give si	Λ /	/	9b. CiT	Y. TOWN	OR LOCATION OF D		1/17	9c. COUN		yland
(-)	E	Washington Coun	ty Hospita	ı			rstown			Wash		
14	ЕСТОВ	RESIDENCE OF DECEDENT				age.	LSCOWII			wasi	1 1 1 1 5	3 LOII
U	DIRE	10s, STATE 10b, COUNTY			CITY, TOWN				-			tod. INSIDE CITY LIMITS?
#		Maryland Washi	ngton	Ha	agers	town	n					1 X YES 2 NO
L ber	3AL	10e. STREET AND NUMBER				101	f, ZIP CODE					HAT COUNTRY?
020 physician. burial-transit	NER	613 Ravenwood D					21740			USA		
020 physician burial-tra	FUN	11, MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? t YES		13	if yes, sp	CENDENT OF HISPAI ecify Cuberi, Mexico	NIC ORIGI	N? (Specify Yes Rican, etc.)	or No-	4. RACE Black	- American Indian, t, White, etc.
	a	3 Wildowed 4 Divorced	FORCES? t YES	VES 2		1 TYES	2 X NO Specif	fy:			Speci	∞:White
- 6 6	ED	15. DECEDENT'S EDUC	CATION	18a, DECEDE	IT'S USUAL (OCCUPATION	ON	16	b. KIND OF BU	SINESS/INDL	STRY	
- 6 -	ш	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kin	of work done of use retired.	during me	ost of working					
D & B	릴	12		a	coun	ting	3	1	Dept.	of t	he	Army
the hospin detached	COMPL	t7. FATHER'S NAME (First, Middle, Last)			- ;		18. MOTHER'S NA					
# 8 E	ш	Frank Saverio	Mazzo				Bertha	E	lizabe	eth	Per	ry
MAR retained 5 should notified	TO B	19e, INFORMANT'S NAME (Type/Print)		19b. MAI	ING ADDRES	SS (Street a	and Number or Rurat	Route Nun	nber, City or Tow	n, State, Zip		
be rett ge 5 s	۲	Helen A. Bower:	5	144() S.	Pot	omac St	. Ha	agerst	town,	Mc	1. 21740
		20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremetlon 3 Remo	20b.	PLACE AND D	TE OF DISPO	SITION(Na	ame of	DAT		CATION C		
E ect e		4 Donation 5 Other (Specify)	R	ose H	i III	Čeme	tery 8	3/17	Hag	erst	own	, Md.
ALTIM death. Page funeral direct. comminer n		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				ND ADDRESS OF FA		- l- 20) E NI	D	h
BALT hours after death. ed in by the funera or removal. medical exami		Terello 11	munch				ral Hom					tomac St
bours after of d in by the or removal.		23. PART i. Enter the diseases, or o	omplications that caused	tha daath.	Do not anta	r the mo	da of dying, suc	ch as car	Пċ	ratory arre	Et.	n Md.
hours or re		shock, or heart fellure.	List only one cause on e	ech line.								interval Between Onset and Deat
n 24 fill attion.		disease or condition	Carde	1100-	yun	Low	arres	0	/			
omplete		resulting in death)	DUE TO (OR AS A	CONSEQUENC	E OF):	1	-	~		_		Commen
executed and con o burial.	z		Ketry &	erita	nen	e	Squan	rpea	cee	e c	W	2712
A C	ATION	Sequentially list conditions, if any, leeding to immediate	DUE TO LOR AS A	CONSEQUENC	E OF:		,			1	Λ	
ate b hysicia		cause. Enter UNDERLYING CAUSE (Disease or Injury	mes	no	la	Und	ru Corm	S	2 Core	Loug	- 42	Ill we
ortho of ortho	THE	that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENC	E OF)	00			2 /	0		11.
death certificate attending physisntal Hygiene pring. Ty, or other to	ERT	Teaditing in death) Ex-31	. Irma	sim	il c	ell	Ca of		ulan	low		new
	LC	PART II. Other significant condition	contributing to deeth be	ut not result	ng in the u	nderlyin	g ceuse given in	Pert I.	24a, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
	MEDICAL								PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
uires tha signed Health a	9								1 - YES 2	NO		OF DEATH?
v requires been sign rt. of Heal												1 NES 2 NO
Se se se	SICIAN:	25. WAS CASE REFERRED TO MEDICAL				28. PI	LACE OF DEATH (Ch	heck only o	ne)			
SICIAN: The Certificate the State the State to the State to the State to the State the	Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp	atlant 3 🗆 DC	OTHE	R:	ne 5 🗆 Rasidence					
Sicia certif	PHY	27. MANNER OF DEATH	28a. DATE OF INJURY		TIME OF	28c. INJ	IURY AT		SCRIBE HOW I	NJURY OCC	JRED	
NG PHYS fter this sath with	ВУР	1 Natural 5 Pending	(Month, Day, Year)		INJURY M		YES 2 NO					
VDING VDING I: After r death		2 Accident	28e. PLACE OF INJURY building, etc. (Spec	At home, fa	m, street, fa	ctory, offic			CATION (Street	and Number o	r Rural F	loute Number,
2 af 2 2	TED	4 Homicide determined	ounding, etc. (Spec					City	or Town, State)			
Pour Mour	COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowl	edge, death oc	curred at the	time, date	and place, and due	to the ce	use(e) end mer	ner es state	d.	
로 보다 =	M	one)	R: On the beele of examination) end manner ee stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: #		29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUI					(Month, Day, Year)
	BE	11031	011									
6 6 3 ₹	2	20 NAME AND ADDRESS OF REPORT WITH	MAS () 14800 > 8,15,54									

MS



9c. COUNTY OF DEATH

Calvert

10g. CITIZEN OF WHAT COUNTRY?

3. TIME OF DEATH

19:55 8. BIRTHPLACE (State or Foreign Country)

MD

10d. INSIDE CITY 1 XYES 2 NO

BALTIMORE, MARYLAND 21215	urs after death. Page 6 may be retained by the hospital or attend	In by the funeral director, page 5 should be detached for use as r removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

FUNERAL DIRECTOR

BY

COMPLETED

9

notified at once. BE (

pe

must

medical examiner

Injury, or other traumatic event, the

shows any

23

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marked.

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Item 28

HOSPITAL OR ATTENDING PHYSICIAN; The law

THE HOSPITAL OF THE FUNERAL D TO THE HOSPITAL OF THE FUNERAL DE FIED WITHIN 72 ha CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

9

FOR 1 - STATE REGISTRAR		STATE OF I					IEALTH DEAT		MENTAL HYGII	
1. DECEDENT'S NAME (First	, Middle, Last)		·						2. DATE OF DEATH	
Linda Dia	ne	Nalls							August	3.
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	
_220-21-144!	5	1 🗆 M 2 💢 🗲	18	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year, 5–30–1	
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	EATH	9c.
Calvert Memo	orial I	Hospital			Pı	cinc	e Fr	eder	ick	\perp
10a. STATE	10b. COUNTY		-	10c. CIT	Y, TOWN (OR LOCA	TION			
MD	C	alvert		No	rth :	Beac	h			
10e. STREET AND NUMBER						10	. ZIP COD	E		100
3625 4th	Street						20	714		
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	Married proed		NT EVER IN U.S. ARI I YES 2 NA MAR OR DATES			If yes, sp			NIC ORIGIN? (Specify in, Puarto Rican, etc.) y:	
	EDENT'S EDUC y highest grade		(G/	CEDENT'S	work done	CCUPATIO	ON est of workli	ng	16b. KIND OF	BUSINES
Elementary/Secondary (0)-12)	College (1-4 or 5+) life. Do NOT use retired.)								
12					Cler	k			Conver	nien
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surm										

U.S.A. 14. RACE — American Indien, Black, White, alc. Yea or No-Specify: White BUSINESS/INDUSTRY nience Store - Retail Lawrence Nalls Margaret Diane Goforth 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3625 4th Street North Beach, MD 20714 Lawrence Nalls 29a. METHOD OF DISPOSITION

Burlal 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, Stata DATE Resurrection Cemetery Donation 5 - Other (Specify) 8-8-94 Clinton, MD 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY Rausch Funeral Home, PA Owings, MD 20736 PART I. Enter the liseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition nedd nen resulting in death) DUE TO (OR AS A CONSEQUENCE OF Sequentially list conditions, DUE TO (DR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO 1 - YES 2 - NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\Boxed{1}\) NO \(\boxed{1}\) UNCERTAIN \(\Boxed{1}\) 25. WAS CASE REFERRED TO MEDICAD EXAMPLER? 26. PLACE OF DEATH (Check only one) HOSPITAL VES 2 NO OTHER: Inpetient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Raaldence 6 - Other (Specify) 27. MANNER OF DEATH

26a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO Motor Vehicle Accident ~ 1830 M 2 Accident 28f. LOCATION (Street and Number or Rural Route Number City or Town, State) 28e. PLACE OF INJURY — Al homa, ferm, street, factory, offica building, atc. (Specify) 3 Sulcide Could not be Sheet 4 Homicide 5H

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the beets of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.

29L SIGNATURE AND THE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 0 us

Edm WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON

Dr. Dave Denakas	Prince Frederick,	MD
AUG - 5 1994	32. April TRAP'S SIGNATURE Jilla Dhuller Rardall	

DHMH-18 Ray 1/89

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	ERTIFIC	CATE OI	DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) WARFIEL	-	NE	WM			2. DATE OF	DEATH DAY	1994	3. TIME OF DEATH
	219-34-8674	1 □XM 2 □ F	AGE (In yrs. les	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, 9 / 7 /	BIRTH Day, Year)	Was	PLACE (State or Foreign Shington, D
TOR	Prince George (RESIDENCE OF DECEDENT		y Hosp			erly	EATH	90	PG	EATH
DIRECTOR	10a. STATE 10b. COUNTY	PG		10c. CITY, Lank	TOWN OR LOC	ATION				10d. INSIDE CITY LIMITS? 1X XYES 2 NO
FUNERAL	100. STREET AND NUMBER 3120 BrightSea	t Road				20706			g. CITIZEN OF V USA	HAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 V IF YES, GIVE WAR	EVER IN U.S. AR YES 2 N R OR DATES	MED (O	il yes, s	CENDENT OF HISPA pecify Cuban, Maxica S 2 NO Specific	an, Puarto Ric		Black	— American Indian, , White, atc. ≩CK
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Gi	CEDENT'S U	SUAL OCCUPATION of done during retired.)	ION lost of working	16b. K	IND OF BUSINE	SS/INDUSTRY	2
COM	17. FATHER'S NAME (First, Middle, Last)		INC	CIICC		18. MOTHER'S NA				
BE	William A. Ne	willall	198	b. MAILING A	DDRESS (Street	Estell and Number or Rural				
2	Joan M. Harley		3	120 I	Bright	Seat Ro	l. Lai	nham N	id. 20	706
	20a. METHOD OF DISPOSITION 1 X Xuriel 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from State			DISPOSITION (emetery	8/5/		ON - City or To	
į	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				AND ADDRESS OF FA		5 Eads	s St.N	E. DC 200
CEMINICALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	DUE TO (OI	R AS A CONSEC	DUENCE OF):	<i>E</i>	lentu	tives	se_	·	flass!
MEDICAL CE	PART II. Other significent condition							4a. WAS AN AUT PERFORMED)?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
PHTSICIAN:	DID TOBACCO USE (25. WAS CASE REFERENCE TO MEDICAL	CONTRIBUTE	TO CAU	SE OF						
200	EXAMINER?	HOSPITAL:	R/Outpatient 3		THER:	me 5 Residence		Specify)		
- 1	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF IN (Month, Day,	JURY	28b. TIME INJU	OF 28c. II	JURY AT ORK?		RIBE HOW INJUI	RY OCCURED	-
IED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF II building, atd	NJURY — A1 ho	me, larm, str	eat, factory, off	ica		ION (Street and I Town, State)	Number or Rural F	loute Number,
COMPLEI	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINE) and manner as stated.
IO BE C	296. SHENATURE AND TITLE OF CENTURER	dique	31M	9	(390 LICENSE NU			, ,	(Month, Day, Year)
<u> </u>	AUGUSTO P. RO	dkiques	Z-MD,	500 S	9 Rai	12123 Dum C	40	p. Fre	, ms	20748
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	S SIGNATURE	Randal	2		0			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trained per filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

The Alle

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the thorogain and completely filled in by the function page 5 should be directed for use as the build-harms be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

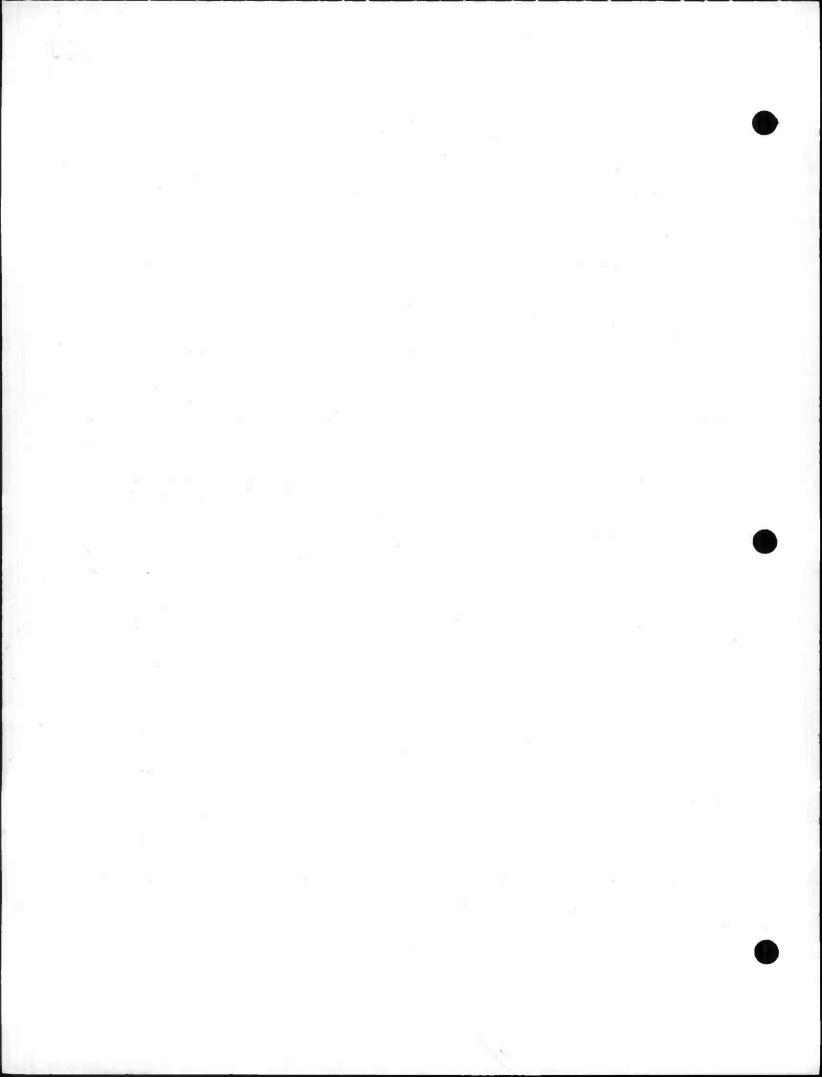
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR		CERTIFI	CATE OF	DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D			3. TIME OF DEATH
	BERNARD SIG	ns N	DRRIS			July	2.7	L994	6:10 A M
	4. SOCIAL SECURITY NUMBER 5. SEX	-	s. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI			HPLACE (State or Foreign
	557-01-4794 1♀™2□1			MONTHS DAYS	HOURS MIN.	(Month, Day,	Year)	Coun	ntry)
	9a. FACILITY NAME (If not institution, give street and number)	1 /9					31 , 1915		shington D.C.
~					R LOCATION OF DE	ATH	9c. C0	DUNTY OF	DEATH
<u>ē</u>	Holy Cross Hospital			_Silver	Spring		Me	ontgo	mery
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	-	40- 0177	TOWN OR LOCAT					
<u>E</u>									10d. INSIDE CITY LIMITS?
0	MD Prince Geor	ge's	Ну	attsvil	le				t X YES 2 NO
₹ I	10e. STREET AND NUMBER			101	ZIP CODE		10g. C	ITIZEN OF	WHAT COUNTRY?
FUNERAL	5803 33 rd Place				20782			J.S.A	
5		ENT EVER IN U.S			ENDENT OF HISPANI		ecify Yes or No-	14. RAC	E - American Indian.
	IF YES GIV	1 V YES 2 E WAR OR DATES	□NO		2 X NO Specify:		aic.)	Spe	ck, White, aic.
В		to 12-2			QI				hite
유	15. DECEDENT'S EDUCATION	16a	. DECEDENT'S	JSUAL OCCUPATIO	N	16b. KIND	OF BUSINESS/		
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or	54)	He. Do NOT use	ork done during mo retired.)	st of working				
립	12	"	Superv	isor		F	ostal S	Servi	ce
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			-	18. MOTHER'S NAM	AF (First Middle	Mairien Sumame	1	
	Wells Norris				Mary A.			,	
H	19a. INFORMANT'S NAME (Type/Print)		10h MAH INC	ADDRESS (Over-1	nd Number or Rural A				
임	Helen H. Norris				ce Hyatts				
	2QA, METHOD OF DISPOSITION			****					
	1 🕅 Burial 2 🗆 Cremation 3 🗆 Removal from State	cemetery	, crematory or oth			1	20c. LOCATION	-	
	4 Donation 5 Other (Specify)	Fort	t Linco		tery 7-30		Brenty	wood,	Maryland
	21. SIGNATURY OF FUNERAL SERVICE LIZENSER				incoln E		Цото -	Γηο	
	I HIWAK WALL		/	3401	Bladensbu	irg Rd.	. Brent	vood.	MD 20722
	23. PART I. Enter tha diseases, or complications	hat caused the	death. Do no			-			Approximate
- 1	ahock, or haart fallure. List only one	ause on each	lina.		ao o. aying, saon	as carales c	or reapmatory	arrest,	Intarval Between
	IMMEDIATE CAUSE (Final disease or condition	1 1.	1))	1				Onset and Death
	resulting in desth)	ricula	1 H	rhyt	hmia				Nous
	DUE	TO (OR AS A CO	NSEOUENCE OF):					310
Z	Sequentially list conditions, b.	eumo	nia						48 hours
Ĕ	If any, leading to immediate	TO (OR AS A CO	NSEOUENCE OF	i:					a ha
2	CAUSE (Disease of Injury	1911	Mari						6 Months
	that initiated avants resulting in death) LAST	TO (OR AS A CON	NSEQUENCE OF	1:					
CERTIFICATION	d								
	PART II. Other algnificant conditions contributing	to death but n	ot maulting in	the underlying	course shoot in f	Bort I Day	WAS AN AUTOPS	v [
DICAL		scula		Pase	cause given in i	Pairt 1. 248.	PERFORMED?	7 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	Fair Jack Co	-> (~(0	ul	seuse .		1 _	YES 2 NO		COMPLETION OF CAUSE OF DEATH?
ME									1 TYES 2 NO
ä									
¥.	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Che	ck only one)			
S	EXAMINER? 1 YES 2 NO 1 Input lant	ER/Outpatien		OTHER: 4 Nursing Hom	5 🗆 Raaldenca	6 Other (Soe	cify)		
PHYSICIAN: ME		OF INJURY	28b. TIME	OF 28c. INJ	JRY AT		E HOW INJURY O	CCURED	
	1 Netural 5 Pending	, Day, Year)	INJU	IRY WO	RK? ES 2 NO				
B	2 Accident Investigation 3 Suicide Could not be 28s. PLAC	E OF INJURY A	V home farm at	reel, lactory, office		281 LOCATION	(Street and Num	has as Bural	Douds Number
	3 Suicide 8 Could not be detarmined buildi	ng, atc. (Specify)		real, vactory, critic		City or Tow		our or nurar	Notice Number,
COMPLETED	29e. CERTIFIER	+							
P P	(Check only 1 CERTIFYING PHYSICIAN 16 the best								
ō I	MEDICAL EXAMINER: On the Sense of	symmetrion and	d/or investigation	, in my opinion, d	eath occured at the t	time, data and p	placa, and dua to	the cause	(a) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIES				29c. LICENSE NUM	BER	29d. D	ATE SIGNE	D (Month, Day, Year)
BE	Jamy 1/tur	-M.D) (D211	23	.	7/25	3/94
유	30. HAME AND ADDRESS OF PERSON WHO COMPLETED C	AUSE OF DEATH	(ITEM 27) (Type,	Print)	- 3.11				111
	GARRY D. RUBE	N.M.D.	1117	-0					-
	31. DATE FILED (Month, Dey, Year) 32. REGIS	N.M.D. RAR'S SIGNATUR Chia Davids	RE .						
	AUG 0 2 1994	lio Nainda	on-Rande	ell-					
	AUT 11 & 19941 3	- The fact that							

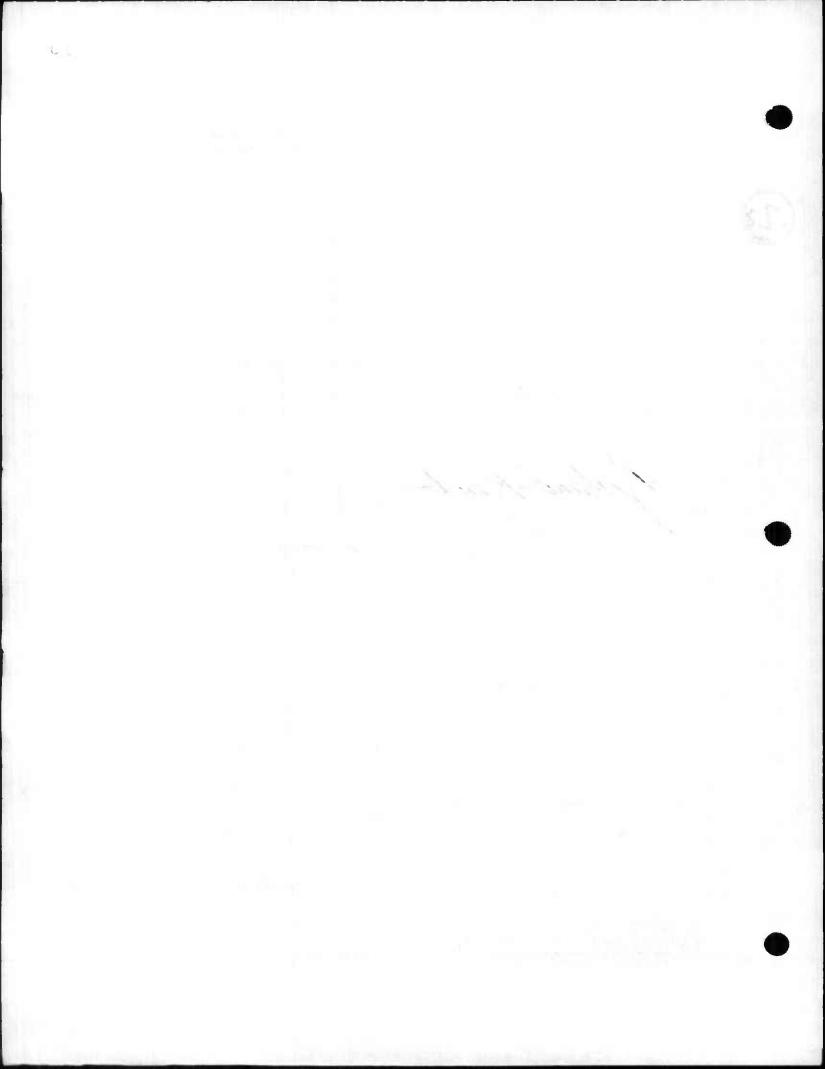
DHMH-16 Rev 1/89



and "		nsit	. L
BALTIMORE, MARYLAND 21215-0020	TO THE HORPING OF ATTENDING PHYSONIA THE ISM requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physiciag.	TO THE FUNCTION. And this common been signed by the attending physician and completely filled in by the functal director, page 5 should be detached for use as the burial-transit per med within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ted within	completely ial, cremati	event, ti
OX 68	be execu	ician and nor to bun	raumatic
9.0.B	certificate	nding phys Hygiene pr	r other 1
NDS, F	the death	y the attend	injury, o
ECOF	equires that	in signed t	nows any
TAL B	The law re	the has been the Dept. of	em 23 st
DF VI	PSECIAN:	is certifical op the St	ed, or it
ION	HO SWICK	t death w	is mark
divis	OR ATTE	DOPECTOR hours after	item 28
7	HOSPITAL	HUNERAL HITHIN 72 1	ANT. II
	可加	THE THE V	IMPORT

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTI	FICATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Patrick	· noon	٠		2. DATE OF DEATH MONTH DA	AY YEAR 28 1944	
	4. SOCIAL SECURITY NUMBER $193-01-6538$ S. SEX $125 \text{ M} \times 2 \text{ F}$	6. AGE (In yrs. last birthday 82 YRS.		IF UNDER 24 HRS. HOURS MIN.	May 9/1912	8. BIRT	THPLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give street and number) Knollwood Manon RESIDENCE OF DECEDENT		Miller:	or Location of De Sville, N	ATH ID	anne A	
FUNERAL DIRECTOR	Maryland Prince George		ty, town on Loca Landover				10d, INSIDE CITY LIMITS? 1 XYES 2 NO
VERAL	4104 Beall Street		10	20784		10g. CITIZEN OF U.S.A	WHAT COUNTRY?
BY	3 Widowed 4 Divorced WWII 19	IT EVER IN U.S. ARMED X YES 2 □ NO NAR OR DATES 42-1945	If yea, ap	ecify Cuben, Mexical 2 NO Specify	IIC ORIGIN? (Specify Yes n, Puerio Rican, etc.)	Spe	CE — American Indian, ick, Whita, etc. acily: 11te
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5) 2	(Give kind o	s usual occupation of work done during me use retired.)	st of working	Union	station,	, D.C.
BE CON	17. FATHER'S NAME (First, Middle, Lest) John Noon				ME (First, Middle, Maiden t Bonner	Sumeme)	
TO B	184. INFORMANT'S NAME (Type/Print) Mary C. Noon	19b. MAILIN 4104	ig address (Street i Beall St	nd Number or Rural F reet, La	ndover Hil	n, State, Zip Code) 1.S, MD	20784
	20s. METNOD OF DISPOSITION 1 X Buriet 2 Cremetion 3 Removed from State 4 Donation 5 Open (Specify)	20b. PLACE AND DAT semetery, crematory of Land			0ATE 20c. LO 8/2/94 Che	cation — city or 1 Itenham, M	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	en 1-	Rendon		m Funeral Ho ad, Lanham, I		
V	23. PART Enter the diseases, or complications the shock, or heart failure. List only one call immediate CAUSE (Final disease or condition resulting in death)	it caused the death. Do	2		/		Approximate Interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	(OR AS A CONSEQUENCE		9			7-10dag
	PART II. Other significant conditions contributing to	deeth but not resulting	In the underlyin	g ceuse given in	Part I. 24s. WAS AN		Ib. WERE AUTOPSY FINDINGS
MEDICAL	Algheimers d.	Soose			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. P	ACE OF DEATN (Che	nck only one)		
PHYSICIAN:		ER/Outpatient 3 DOA	4 Nursing Non		8 Other (Specify) 28d. DESCRIBE NOW II	NJURY OCCURED	
A	1 Natural 5 Pending 2 Accident Investigation 3 Suitcide 28s. PLACE (of INJURY — At home, ferm	M 1	PRK? YES 2 NO	281. LOCATION (Street of	and Number or Rural	I Route Number,
LETE	4 Homicide determined				City or Town, State)		
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basis of a						(a) and manner ea stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	of hand		29c. LICENSE NUN	BEA	29d. DATE SIGNE	D (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WAS COMPLETED CAU PO-Hslu Hung, M.D. 325	Hospital D		ite 108,	Glen Burn	ie, MD 2	1061
	ALIGO 2 1994 32. REGISTRI	AR'S SIGNATURE					



FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MADVIAND / DEDADTMENT OF HEALTH AND MENTAL HYGIENE

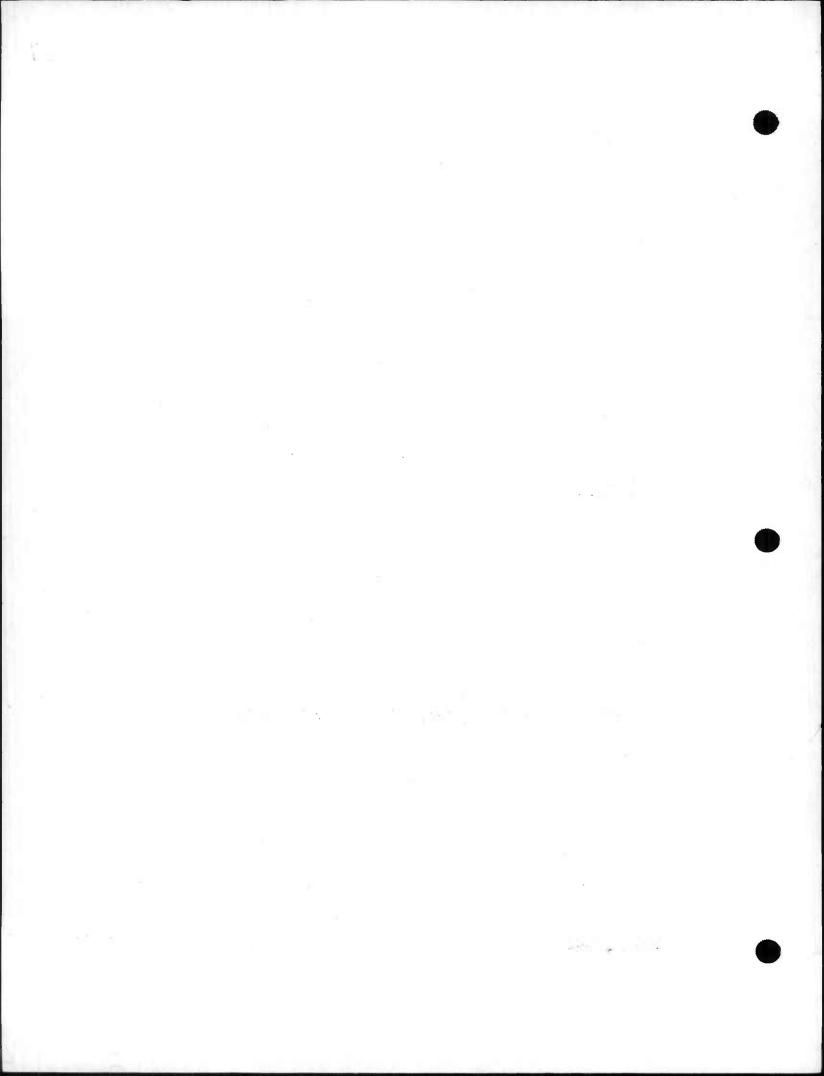
- STATE REGISTRAR		GIAIL OF	MAIIIL	CERTIF			DEATH	MENIA	REG. NO.	E .		
1. DECEDENT'S NAME (First,	Middle, Last)								E OF DEATH			3. TIME OF GEATH
PERR	Y GIL	BERT OH	LER	JR.				AUG		1994	YEAR	2:20 A.M.M
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (n yrs. lest birthday)		R 1 YEAR	IF UNDER 24 HRS	. 7. DAT	E OF BIRTH			PLACE (State or Foreign
215-20-5723		1 M 2 □ F	6	g YRS.	MONTHS	DAYS	HOURS MIN		oth, Day, Year) 4 1926	5	Country PFNN	SYLVANIA
96. FACILITY NAME (If not in:					9b. CIT	Y, TOWN C	R LOCATION OF		7 1720	9c. COUN		
601 HENDERS	ON AVE	NUE			C1	UMBEI	RLAND			AL	LEGA	NY
RESIDENCE OF DEC												
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY LIMITS?
MARYLAND	ALLE	GANY			UMB	ERLAN						1 TES 2 NO
10e. STREET AND NUMBER						101	. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
RFD#8 BOX	#408	BOWMANS					2150				S.A	
11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES YES	U.S. ARMED	13.		ENDENT OF HISI ecify Cubars, Max			or No-	14. RACE Black	- American Indian, White, etc.
3 Widowed 4 Divor	250 7777	IF YES, GIVE V		TES			2 NO Spi		, , , , , ,		Specif	
15 DECI	EDENT'S EDUC	U.S.NAV	Y	16a. DECEDENT'S	I I I	2001104710						WHITE
(Specify only	highest grade	completed)		(Give kind of a	work done	during mo	st of working	16	b. KIND OF BUS	INESS/INDU	STRY	
Elementary/Secondary (0-	-12)	College (1-4 or 5	. 1									
17. FATHER'S NAME (First, MI	ddle, Lasti			PITTSBUR	(GH_)	PLAT'F			MANUT Middle, Maiden	F. OF	GLA	SS
PERRY GIL		CO CHIH								oumame)		
19a, INFORMANT'S NAME (7)		HLER, SK	•	10h MAII MIC	ADDOC	ee /0;	DELLA nd Number or Rui	A KLI		- Cana - 71	Darda'	
DIANNIA O'BA											,	01500
20a. METHOD OF DISPOSITI			1 000	205 SP					7	MAKY		0 21502
1 Burial 2 Cremation 4 Donation 5 Other	n 3 🗆 Remo	oval trom State	cem	etery, crematory or o	ther place	d .		DA			•	
21. SIGNATURE OF FUNERAL		Percett		MBERLAND	22 MI	NAME AN	ORY AUG OD ADDRESS OF CATUR S	FACILITY FUN	ERAL HO	ME		ARYLAND
IMMEDIATE CAUSE (Fin disease or condition	art failura. I	omplications tha List only one cau	t cauaed ise on as	tha daath. Do rach line.	not ante	r tha mo	de of dying, s	uch aa ca	rdiac or reapi	ratory arre	at,	Approximate Interval Between Onset and Death
resulting in death)		DUE TO	(OR AS A	CONSEQUENCE O	PA	15/10					-	
Sequentially list conditi- if any, leading to immac cause. Enter UNDERLY!! CAUSE (Disease or injure	liata NG	2		CONSEQUENCE O	AV	3						
that initiated eventa resulting in death) LAST		DUE TO	(OR AS A	CONSEQUENCE OF	F):							
PART II. Other eignifices	nt condition	a contributing to	death be	ut not resulting	in tha u	ındariyinç	g cause given	in Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DID TOBACCO		ONTRIBUTE	то	CAUSE OF	DEA'			- 1/20				1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:	ER/Outp	atlent 3 DOA	OTHE 4 - Nu	R:	5 Residence					
	Pending nveetigation	28a. DATE OF (Month, D		28b. TIM	E OF JURY M		URY AT RK? res 2 \(\text{NO}\)	28d. DI	ESCRIBE HOW IP	URY OCC	URED	
	Could not be letermined	28a. PŁACE O building,	F INJURY etc. (Spec	— At home, farm,	street, fac	ctory, office			CATION (Street a y or Town, State)	nd Number (or Rumi A	oute Number,
		CIAN: To the beat of R: On the beals of e										end manner as stated.
290. SPONATURE AND TITLE	OF CENTIFIER	m/2/	_				29c. LICENSE 1	3280		29d. DATE	SIGNED	(Month, Day, Year) 3 1994
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	SE OF DE	ATH (ITEM 27) (Type	, Print)						0	1
DD CHAI	ET Z	GUPTA 6	25 V	TATO ATTE	CITA	AD EDT	ANTO MAI	DVI ANT	D 2150	12		

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
AUG 0 4 1994

32. REGISTRAR'S SIGNATURE



he	deta	ouc
by th	Pe	76
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta	be hied writhin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at one
9	900	90
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906	direc	6
eath.	funeral	изтіп
ter d	the	Mal.
ours a	in by	be hied within 12 hours after death with the State Dept. or health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical ey
24 hc	filled	be n
thiu	etely	emati nt, t
N P	ршо	. c
ecut	o pui	atic para
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certif	Bug	oth oth
ath	tten	, o H
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	HEGISTHAH	CERTIFIC	MENT OF HEALTH AND I	MENTAL HYGIENE 08-	-05-94 1:35PM							
		evenson Odenw		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH							
	4. SOCIAL SECURITY NUMBER 5. SEX	7. DATE OF BIRTH	4 1335 M									
	238-68-2931 1□ № 2 📡 🕏	s. BIRTHPLACE (State or Foreign Country) Florida										
DIRECTOR	90. EACILITY NAME (II not institution, give street and number) FINDE Anumber COEN HUNGPOIS AA											
EG	100. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCATION		10d. INSIDE CETY							
	MD Anne Arundel		Severna Park		LIMITS? X 1 VES 2 NO							
FUNERAL	739 Dividing Road		21146	10g. CIT	USA							
S	11. MARITAL STATUS 12. WAS DECEDENT	EVER IN U.S. ARMED		NC ORIGIN? (Specify Yee or No-	14. RACE — American Indian							
ВУ Е	1 Never Married 2 Merried FORCES? 1 3 Widowed 4 Divorced	YES 2X X NO	If yes, specify Cuben, Mexica 1 YES 2 ANO Specify	n, Puerto Ricen, etc.)	Black, White, atc.							
			= -20, 7.00		White							
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		rk done during most of working	16b. KIND OF BUSINESS/IN	DUSTRY							
PLE	Elementary/Secondary (0-12) College (1-4 or 5 +	Nur		Healthcare	Provider							
COMPL	17. FATHER'S NAME (First, Middle, Lest)		16. MOTHER'S NA	ME (First, Middle, Meiden Surneme)								
BEC	George W. Stevenson			Mantas								
TO B	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DORESS (Street and Number or Flural I		p Code)							
	Robert P. Odenwald	3287 I	Davidsonville Ro	d Davidsonvill	Le, MD 21035							
	20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremellon 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Specify) 20c. LOCATION — City or Town, State 20											
	4 Donation 5 Other (Specify)	Lakemont re	22. NAME AND ADDRESS OF FA	GUTY John M. Tay	lor Funeral Home							
	Henald & Just	n	147 Duke of G	Loucester St. A	Annapolis, MD							
	23. PART I. Enter the disesses, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. Approximate											
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		NSUFFICIE	1	Onset and Death							
	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):											
2	CAUSE (Disease or injury											
	that initiated events resulting in death) LAST	OR AS A CONSEQUENCE OF):										
핑	, d											
룆	PART II. Other significent conditions contributing to	- 11		Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO							
ă	CHYONIC KENAL FI	gilure w	/ IMANSPIA	1 U YES 2 7 10	OF DEATH?							
M				_	1 TYES 2 NO							
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Che	ick only one)								
SIC	EXAMINER? 1 YES 2 NO 1 Inpetient 2		OTHER:									
¥	27. MANNER OF DEATH 28s. DATE OF	NJURY 28b, TIME (OF 28c. INJURY AT	28d. DESCRIBE HOW INJURY OC	CURED							
ВУБ	Netural 5 Pending (Month, Da	y, Year) INJUR	M 1 YES 2 NO									
COMPLETED E	200 PLACE OF AN HIDY At home form about to the common to t											
9	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date end place, end due to the cause(s) and menner ee stated.											
JMF	ned. he cause(s) and menner es stated.											
E	29b, SIGNATURE AND TITLE OF CERTIFIES		, 29c. LICENSE NUM		TE SIGNED (Month, Day, Year)							
TO BE	Willian Rys.	no Dep	outy DOG	054 >8	17/94							
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	E OF DEATH (ITEM 27) (Type, Pr	695 A	merica.	21035							
	31. DATE FILED (Month, Day, Year) ALIG 0.9 1994 32. REGISTRAS	HE SIGNATURE										

DHMH-16 Rev 1/89

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burna-transit pen be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlai, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

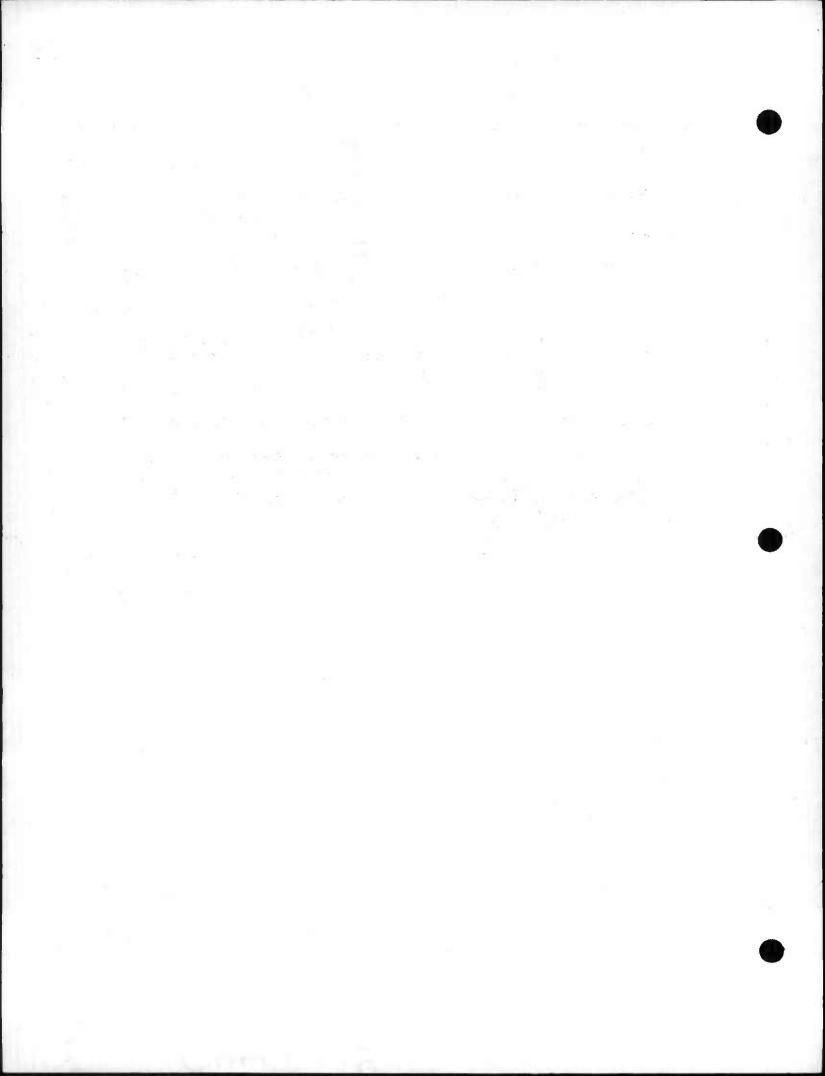
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIFIC	ATE OF	DEATH	F	REG. NO.			
1. DECEDENT'S NAME (First	, Middle, Last)						2. DATE OF				3. TIME OF DEATH
RICHA	OSBORN	JULY 28			1994	558 PM					
4. SOCIAL SECURITY NUMBER	BER	5. SEX		F UNDER 1 YEAR	IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)			6. BIRTHPLACE (State (IPLACE (State or Foreign	
216-14-87	51	1 XM 2 - F	72	YRS.	DAYS DAYS	HOURS MIN.	JUNE 2		922		" RYLAND
9e. FACILITY HAME (If not in	nstitution, give str	reet and number)		9	b. CITY, TOWN OF	LOCATION OF D				NTY OF D	
132½ CAT	HEDRAL.	STREET			ELK'	NO.			CR	CIL	
RESIDENCE OF DE	CEDENT								Ch	СІП	
10e. STATE	10b. COUNTY			t0c. CITY, 1	TOWN OR LOCATIO	OH					10d. INSIDE CITY LIMITS?
MARYLAND		ECIL			ELKTON						1 XYES 2 HO
too. STREET AND HUMBER					10f.	ZIP CODE			10g. CITI	ZEH OF V	WHAT COUHTRY?
132½ CAT	HEDRAL	STREET				21921			U	.S.A	•
11. MARITAL STATUS	Mondad	12. WAS DECEDENT FORCES? 1				NDENT OF HISPA			or Ho-	14. RACE Black	- American Indian, c, White, etc.
1 Never Married 2 3 Vidowed 4 Divo	2.42.11	IF YES, GIVE WA				HO Specif		11, 010.)		Speci	
	EDEHT'S EDUC		1		<u> </u>						ITE
(Specify on	y highest grade o	completed)	18a.	(Give kind of work life, Do NOT use r	K done during most	of working			SINESS/INE		
Elementary/Secondary (6)-12)	Collega (1-4 or 5 +)							IRE A	ND	
1.1 17. FATHER'S HAME (First, N	lidelin (+)			STORE O	MNEK			LIQUE			
	A. S. Walley					18. MOTNER'S HA					
	OSBORNI	5					ORDIE (
190. INFORMANT'S NAME (ODRESS (Street and						
ROGER L. LE			_		W. PULAS		, ELKI				921
20a. METHOD OF DISPOSIT 1 ABuriel 2 Cremetic 4 Donation 6 Other	on 3 🗆 Ramo	val from State	cemetery,	cremetory or other	DISPOSITION (Nem r place) OR MEMOR		8194	ELE	CATION —		wn, State
21. SIGNATURE OF FUHERA	L SERVICE LICI	ENSEE				ADDRESS OF FA	CILITY	TEDAT			
Done	ليف	8. Hice	Cas		1 TO3 A	VEST STO ON. MD.	CKTON	STRE	ET	.A.	
23. PART i. Enter the d	Iseasea, or co	omplications that	caused the	death. Do not	enter the mod	e of dying, suc	h as cardiac	or reapl	ratory an	reat,	Approximata
shock, or h	eart fellure. L	ist only one caus	e on each i	line.							Interval Between Onset and Death
disease or condition	101	antes	:01	logat	ie Car	al indi	- 1 1 1 1 A	1		7.	
resulting in death)		DUE TO (OR AS A CON	SEQUENCE DF):	u un	aro	arce	ula	1	411	care
Sequentially list condit if any, leading to imme		DUE TO (C	OR AS A CON	SEQUENCE OF):							
cause. Enter UNDERLY	ING										ļ
CAUSE (Disease or injuthat initiated eventa	iry "	DUE TO (C	OR AS A CON	SEQUENCE OF):							
resulting in death) LAS	T										
PART ii. Other significa								a. WAS AN		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	nake	rins	elle	in,	COPL	, HP	V 1	YES 2	□ NO	1	COMPLETION OF CAUSE OF DEATN?
CUA											1 _ YES 2 _ NO
										- 1	
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOEDITAL				CE OF DEATH (C)	neck only one)				
1 YES 2 NO		HOSPITAL:	ER/Outpatien		THER: Nursing Nome	5 Residence	8 Other (S	pecify)			
27. MANNER OF DEATH		28e. DATE OF II (Month, Day	NJURY (Year)	28b. TIME C	OF 28c. INJU	RY AT	28d. DESCRI		NJURY OC	CURED	
1 Natural 5 2 Accident	Pending Investigation	(mornin, Day	, /08//	HOOM		K? S 2 HO					
a Culate	Could not be	28e. PLACE OF	INJURY — A	t home, farm, stre	et, factory, offica					or Rural F	Route Number,
4 Nomicide	determined	building, e	нь. ₍ ор в спу)				City or To	own, State)			
		DAN: To the best of n									
one) 2 MED	ICAL EXAMINER	t: On the beels of exa	mination end	l/or Investigation,	In my opinion, de	ath occured at the	time, date end	i piece, en	d due to th	re ceuse(e) end manner ee stated.
296. SIGNATURE AND TOTLE	OF CERTIFIER				1	29c. LICENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
1/07	TOAL	Allena	MI "	1.	,	D264			•	7/2	8/91
		WAY	111-1	1		V ~ W ~	/			100	-127
30. HAME AHD ADDRESS O	F PERSON WHO	COMPLETED CAUSE	OF DEATH	ITEM 27) (Type, Pr	int)						
30. HAME AHD ADDRESS O	F PERSON WHO	COMPLETED CAUSE	OF DEATN (TTEM 27) (Type, Pr	int)						
30. HAME AHD ADDRESS O	-	COMPLETED CAUSE 32. REGISTRAR			int)						
	-		'S SIGNATUR	RE .	int)						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within 24 hours after death. Page 6 may be retained by the hospital TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BE

2

1 -

COMPLETED BY FUNERAL DIRECTOR

BE

2

												94	24570
FOR STATE REGISTRAR		STATE OF N	MARYLA	ND / CE	DEPARTI	MENT OF	HEA F D	LTH AND EATH	MEN	TAL HYGIEN REG. NO.			
1. DECEDENT'S NAME (First,	ER	TK	,	Pi	217	75		r.	Mr.	ATE OF DEATH DA	W 9	YEAR	3. TIME OF DEATN 1914 M
216-22-51	60	5. SEX 1 XM 2 F	6. AGE (In		YRS.	ONTHE DAYS	B HO	UNDER 24 HRS. HURS MIN.	Ma.	rch 8	1929	Count	aryland
Carroll Co	unt	y Genera	1 Ho	spi									
10e. STATE MD	10b. CO	YTNU			10c. CITY, 1			nster	r				10d. INSIDE CITY LIMITS? 1 YES 2 NO
	igto						101. ZIF		7		_		
1 Never Married 2		FORCES? 1 IF YES, GIVE W	TYPES AR OR DAT	2 NO)	if yes,	specify	Cuban, Mexic	can, Pue		or No	Blaci	k, White, etc.
(Specify only	highest g	rade completed))	(Give	e kind of wor Do NOT use n	k done during etired.)	most of						
17. FATHER'S NAME (First, M Robert			Prit	ts						rst, Middle, Meiden	Sumame)	Wil.	lis
		Pritts											MD 21157
1 Description 2 Cremation 4 Donation 5 Other	n 3 🗆 1 (Specify)		Cerner	ery, crem	atory or other	piace/							
The partition of institution, give street and number) Carroll County General Hospital Westminster Carroll County General Hospital Westminster 10c. CITY, TOWN OR LOCATION FEBRUARY MD Carroll Westminster 10c. CITY, TOWN OR LOCATION Westminster 10d. instide CITY LIMITSTY LIMITSTY LIMITSTY LIMITSTY 10d. instide CITY LIMITSTY LIMITSTY LIMITSTY 10d. instide CITY LIMITSTY LIMITS													
shock, or he	eart failu	or compilications that ire. List only one cau	caused to	h iline.					ch aa c	BLO	C (reat,	Interval Between

disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST

COMPLETION OF CAUSE OF DEATH? 1 [] YES 2 [] NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 V Inpatient 2 - ER/Outpatient 3 - DOA 1 YES 2 NO OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28c, INJURY AT WORK?

1 YES 2 NO 28b. TIME OF INJURY 284. DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation

24a. WAS AN AUTOPSY

2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be datermined 4 Homicide 29e. CERTIFIER

1 XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(e) end menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the baels of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(s) and menner es steled.

29b. SIGNAZURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Morgh, Day, Year)

2

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

34 31. DATE FILED (Month, Day, Year)
AUG 1 0 1994

32. REGISTRAR'S SIGNATURE

PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.

9

WERE AUTOPSY FINDINGS AMILABLE PRIOR TO

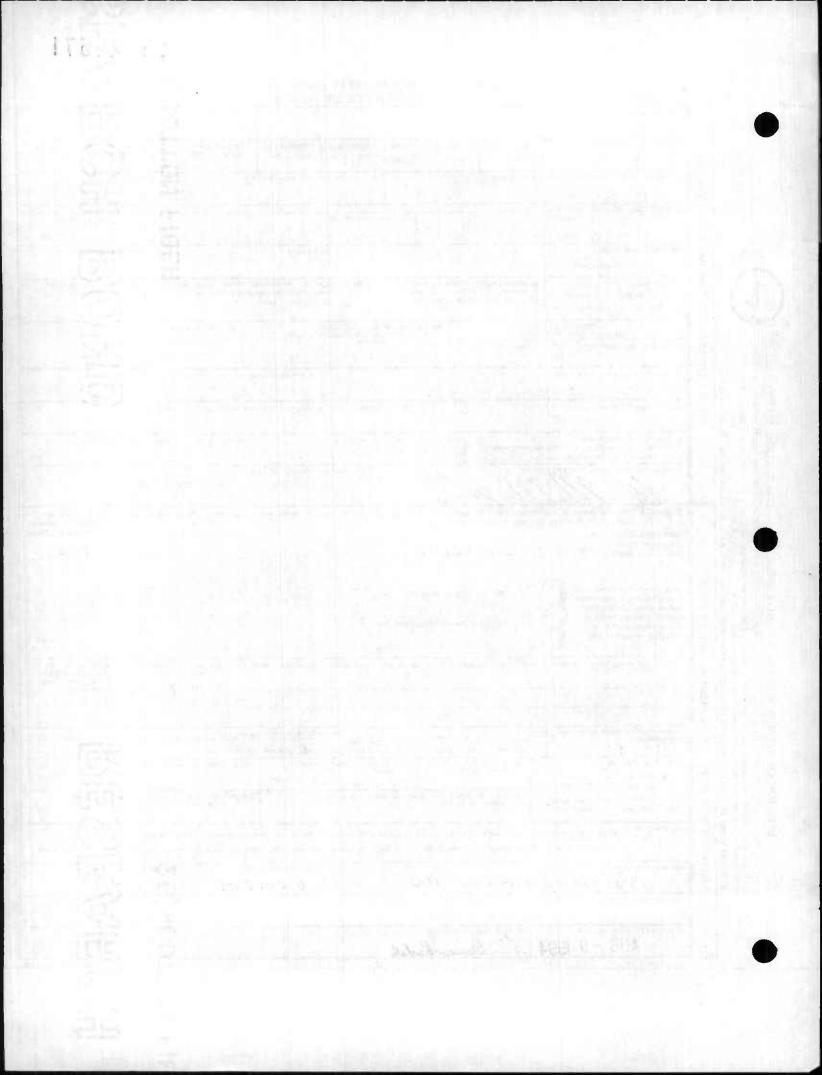
0.

BALTIMORE, MARYLAND 2121 6002 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or articles to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

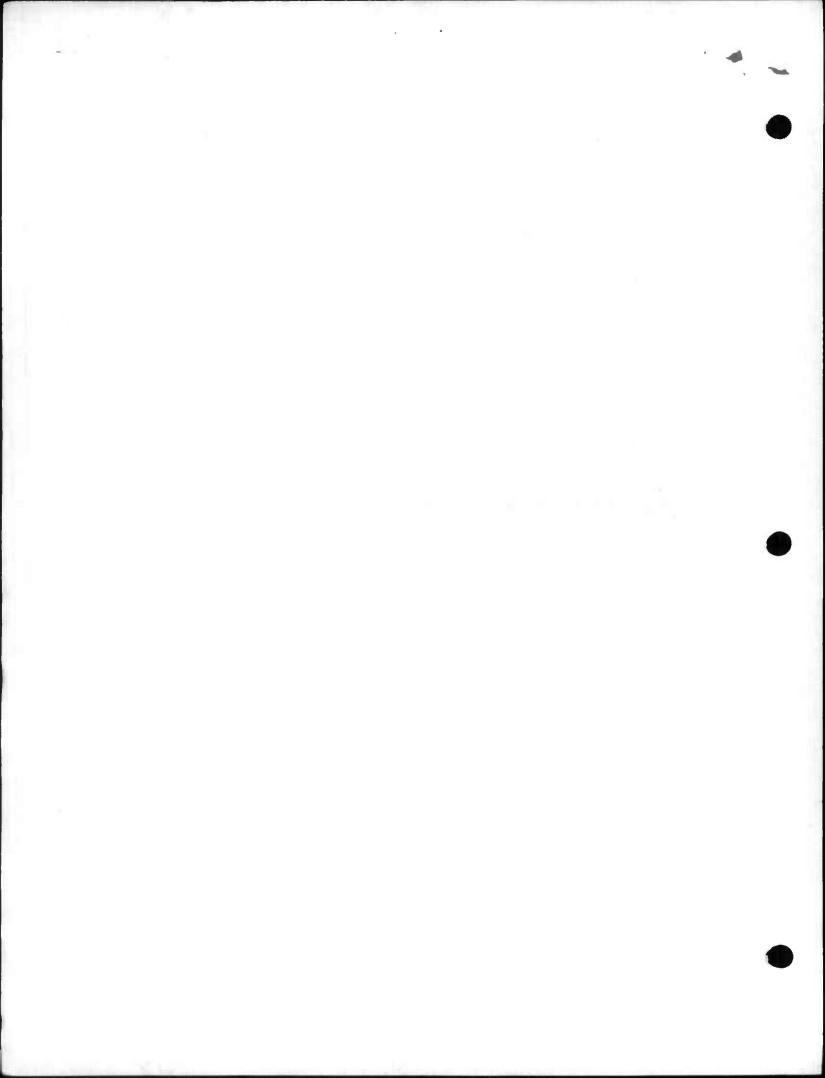
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTI	RAR	STATE OF MARYL	AND / DEPARTME CERTIFICATION				YGIENE EG. NO.					
1. DECEDENT'S	s NAME (First, Middle, Last ord Jasper	,			2. DATE OF I	DEATH DAY ~	YEAR 994	3. TIME OF DEATH 9:25 p M				
4. SOCIAL SEC 228 4	COCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1 M 2 F 60 YRS. 6. AGE (In yrs. last birthday) 1 MONTHS DAYS HOURS MINN. 7. DATE OF BIRTH (Month, Day, Year) 11-24-1933								IPLACE (State or Foreign y)			
	9902 McIntosh Dr. Dunkirk Calver											
10a. STATE	10b. COUN	vert	10c. CITY, TOW Dunki		ION		- 4		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
			DWINE		ZIP CODE 20754		10g. C	ITIZEN OF V	VHAT COUNTRY?			
11. MARITAL S		12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 X NO	If yes, sp	ENDENT OF HISPAI city Cuben, Maxica 2 1 NO Specifi	nn, Puerto Rica		14, RACE	E — American Indian, k, White, atc.			
	15. DECEDENT'S EC (Specify only highest gra- /Secondary (0-12)	College (1-4 or 5+)	18a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire Purchasin	ne during mo d.)	t of working		o of Business/II nputer S Contrac	oftwa	re			
Jas		pert	Pirkey		01a	Ethel		vis				
D ISE, INFORMA	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stats, Zip Code) Shelby J. Pirkey same as 10 above											
150 Burlai 2	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of competer), crematory or other place) 20c. LOCATION — City or Town											
22. NAME AND ADDRESS OF FACILITY Rausch Funeral Home, PA Owings, M.												
disease or cresulting in Sequentially if any, leading cause. Enter CAUSE (Disease that initiated	r list conditions, ng to immediate r UNDERLYING sase or injury	с	CONSEQUENCE OF): CONSEQUENCE OF):						8 mos			
PART H. Oth	PERFORMED? 1 YES 2 DONO O								WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE EXAMINER	25. WAS CASE REFERRED TO MEDICAL EVAMINED 26. PLACE OF DEATH (Check only one)											
1 TYES 27. MANNER OF	1 VES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 8 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? WORK?											
2 Accide	2 Cacklent investigation investigation investigation 2 Suicide 6 Could not be detarmined 28a. PLACE OF INJURY — Al home, farm, street, factory, office City or Town, State) 28a. PLACE OF INJURY — Al home, farm, street, factory, office City or Town, State)											
	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner se stated.											
296. SIGNATUR		Makan-Syon WHO COMPLETED CAUSE OF DE	29c. LICENSE NU		29d. D.	29d. DATE SIGNED (Month, Day, Year) 8-8-94						
31. DATE FILED	O (Month, Day, Year) AUG - 9 199	32. REGISTRAR'S SIGN 94 Juin David	ATURE				- 35					



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT/	AL HYGIENE
CERTIFICATE OF DEATH	REG. NO.
CERTIFICATE OF DEATH	REG. NO.

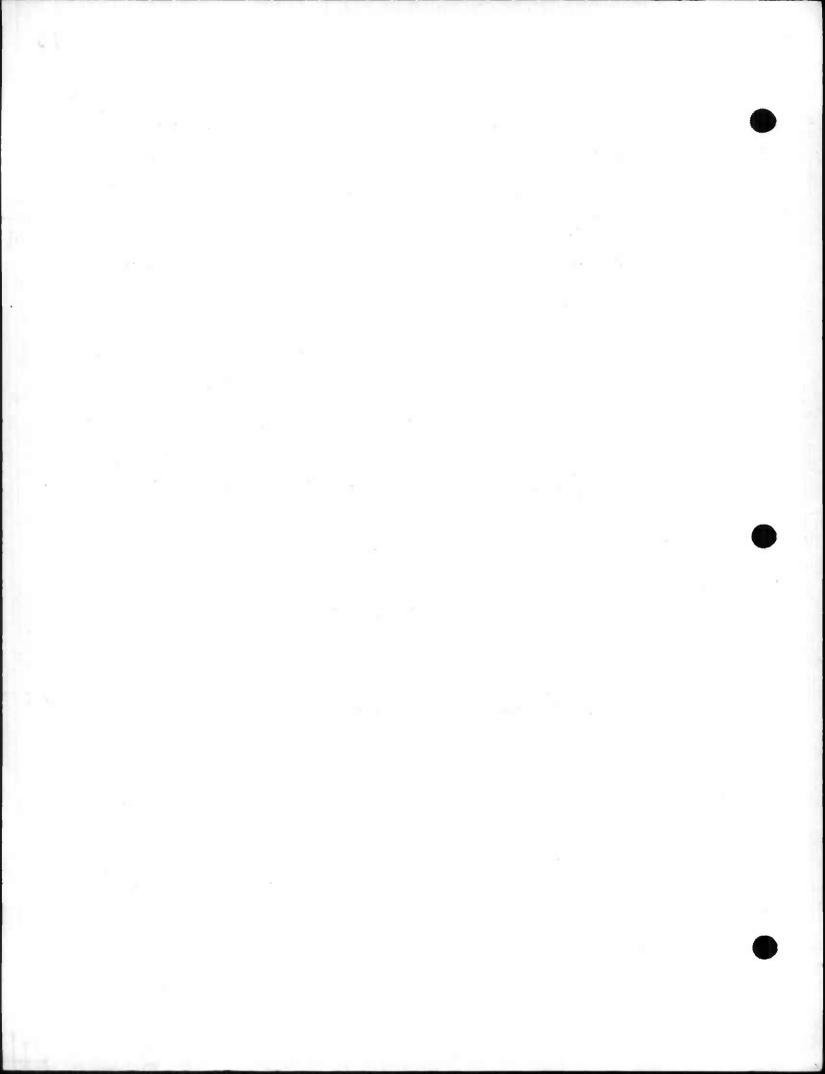
	1 - STATE REGISTRAR	STATE OF MARY	YLAND /	DEPARTA	TENT OF H	IEALTH AND	MENTAI	HYGIEN REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)		MONTH DAY YEAR				3. TIME OF DEATH						
		CONSTANCE ANNE PRICE							08 06/ 94 ^{YEAR}				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1 M 2 F 71 YRS. 6. AGE (In yrs. last birthday) 1 DAYS 1									Country)	il., Pa.		
OB	98. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 302 W. Market Street Snow Hill Word												
DIRECTOR	RESIDENCE OF DECEDENT 100, STATE 10b, COUNT				OWH OR LOCAT						10d, INSIDE CITY		
		orcester		S	now H	ill 				- 1	LIMITS?		
FUNERAL	10e. STREET AND NUMBER	chun-t			101	. ZIP CODE					AT COUNTRY?		
N I	302 W. Market	12. WAS DECEDENT EVE	R IN U.S. ARI	MED	13. WAS DEC	21863 ENDENT OF HISPA	NIC OBIGIN	7 /Specify Van		U.S	- American Indian,		
BY	1 X Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 Y	DATES	10	If yes, sp	2 NO Specif	en, Puerlo R	licen, etc.)	or No-	Black, Specify	White, etc.		
回	15. DECEOENT'S EOU (Specify only highest grad	JCATION le completed)	16a, DE6	CEDENT'S USI	IAL OCCUPATION done during mo	ON st of working	- 1		I SINESS/INDUS				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use re	istra				more/ ychoa		Institut		
NO	17. FATHER'S NAME (First, Middle, Last)			AGIIIII	ISLLA	18. MOTHER'S NA				naı	ysis		
BE	Horace K. Pri	ce							nes P		е		
2	19a. INFORMANT'S NAME (Type/Print)	- 1 - 2				nd Number or Rural							
	Mrs. Gerald V					de Rd.,				_			
	1 Donation 5 Other (Specify)	noval from State	semetery, crem	metory or other	ISPOSITION (Na place)	maor amatary	DATE	20c. LO	CATION — City	or Town	n, State		
	1 Surial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY												
	Antricia & Dennis Funeral Home, Snow Hill										w Hill,Md.		
	23. PART i. Entar the diseasea, or ehock, or heert feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Metestalic	Ge	astric		de of dying, auc		iac or reapi	ratory arrest	Approximate interval Between Onset and Death			
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
AL C	PART II. Other aignificant condition	ne contributing to deeth	but not re	eauiting in the	ne underlying	cause given in	Part i.	24a. WAS AN			PERE AUTOPSY FINDINGS		
임							_	PERFOR		C	MAILABLE PRIOR TO COMPLETION OF CAUSE IF DEATH?		
ME										YES 2 NO			
AN I	25. WAS CASE REFERRED TO MEDICAL				00.04	105 05 05 to 100							
PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL:	utnetlant 3		HER:	ACE OF OEATH (Ch		-					
Ě	27. MANNER OF DEATH	28e. DATE OF INJUR	Y	28b. TIME OF	28c. INJU	JRY AT	8 Other (Specify) 28d. OESCRIBE HOW INJURY OCCURED						
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year	,	INJURY	M 1 V	ES 2 NO							
111	3 Suicide 8 Could not be 4 Homicide determined	id not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)						281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFVING PHYS	ICIAN: To the best of my kn	owledge, dea	th occurred at	Ihe lime, dete	and place, and due	to the caus	e(a) and man	ner as stated.				
	196. BIGHATURE AND PITLE OF CERTIFIE	ER: On the best of ediminar	troit sild/of in	iveatigation, in	my opinion, de			and place, and					
10 BE	DI EL	14,	MS			DA62	278		DATE SI	F-	Py Year)		
	David E. Conor	O COMPLETED CAUSE OF I	SEATH (ITEM	CONT		57.	Salis	h	MD	21	1801		
15	31. DATE FILED (Manifo, Day, 16er) AUG 0 8 199	4 Julia Des	SNATURE	andrell				<i>\)</i>	-				



/MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician TO THE FINKEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the functal director, page 5 should be detached for use as the burnal-trains be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	/MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

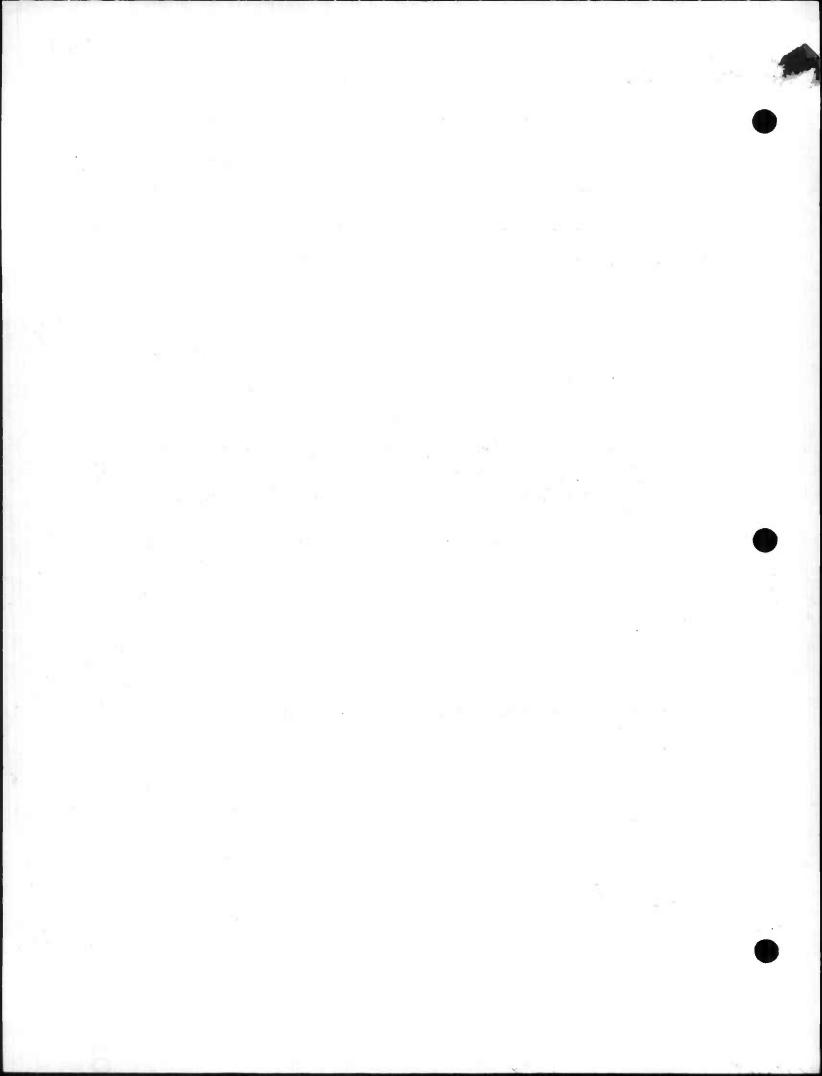
	REGISTRAR		CERTIF	ICATE (OF DEATH	REG. NO					
		nna G. Pe	eluzzo			JULY 29,	Ĭ994	year 4:50 P			
	4. SOCIAL SECURITY NUMBER 016-16-5541	5. SEX 6.	AGE (In yrs. lest birthday) 82 YRS.		AR IF UNDER 24 HRS. YB HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 25,		B. BIRTHPLACE (State or Foreign Country) Massachusetts			
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TO	OWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
FUNERAL DIRECTOR	Manor Care Nursin	g Hame		La	rgo		Princ	ce George's			
H.	Maryland 10b. COUNTY		10c. CI	TY, TOWN OR L	OCATION			10d. INSIDE CITY LIMITS?			
<u>a</u>	Prince	George's		Largo				1 YES 2 NO			
AL	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?			
E	Manor Care Nursi	ng Hame			20712		Unite	ed States			
5	11. MARITAL STATUS	12. WAS DECEDENT EN	VER IN U.S. ARMED			NIC ORIGIN? (Specify Yes	or No 1	4. RACE — American Indian, Black, White, atc.			
1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puarto Rican, etc.) The yes appecify Cuban, Maxican, Puarto Rican, etc.) The yes appecify Cuban, Maxican, Puarto Rican, etc.) The yes appecify Cuban, Maxican, Puarto Rican, etc.)											
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) College (1-4 or 5+) Sec. Dept. of Commerce U.S. Government 18. Middle, Last)											
Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.)											
2 Sec. Dept. of Commerce U.S. Government											
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)				
BE	Frank S. Gracia				Anna C.	Papiste					
5	19a. INFORMANT'S NAME (Type/Print)				reet and Number or Rural	Route Number, City or Tow	n, State, Zip C	iode)			
-	<u>Joanne E. Blizzard</u>	<u> </u>	11226	Lake	view Drive	, Dunkirk,	Maryl	Land 20754			
20e. METHOD OF DISPOSITION 1 No. Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Cemetery Crematory or other place) Resurrection Cemetery Aug 3,94 Clinton, Maryland											
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home Inc 663											
	Old Alexander Ferry Road, Clinton, Maryland										
	23. PART /. Entar the diseases, or c shock, or heart failure. I	omplications that ca	nusad the daath. Do	not anier the	moda of dying, auc	h as cardiac or respi	iratory arres				
	IMMEDIATE CAUSE (Final	Only one cause	on eech une.			*		Interval Between Onaet and Deatl			
ľ	disease or condition resulting in death)	Clert	U Munca	2.1	Infercti	F-1					
ľ											
Z	Sequentially list conditions,	Coun	AS A CONSEQUENCE	y Des	em						
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR	AS (CONSEQUENCE	M/):	n ·						
5	CAUSE (Disease or injury	DUE TO (OR	Dage F	enel.	ligiese						
Ē	that initiated events resulting in death) LAST		Litis Mel					ĺ			
Ü			uus ma	ement				· · · · · · · · · · · · · · · · · · ·			
	PART II. Other significant conditions	contributing to da	ath but not reaulting	In the under	iying cause given in	Part i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO			
EDICAL						1 YES 2		COMPLETION OF CAUSE OF DEATH?			
ME							XX	1 YES 2 NO			
	DID TOBACCO USE C	ONTRIBUTE T	O CAUSE OF	DEATH	YES NO						
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL			- 2	8. PLACE OF DEATH (C)	neck only one)					
Sign	EXAMINER? 1 ☐ YES 2XXIVO	HOSPITAL:	NOutpatient 3 DOA	OTHER:	Home 5 🗆 Residenca	6 Other (Specify)					
Ť	27. MANNER OF DEATH	28a. DATE OF INJ (Month, Day,)		WE OF 286	. INJURY AT	28d. DESCRIBE HOW I	NJURY OCCU	IRED			
ВУР	1 Netural 5 Pending Investigation	(MOND), Day, 1	roor)	M 1	WORK?						
8	2 Accident Investigation 3 Suicide 6 Could not be	28e, PLACE OF IN	JURY — At home, larm,	street, factory,	offica	28f. LOCATION (Street	and Number of	r Rural Route Number,			
ΞĮ	4 Homicide determined	building, atc.	(Specify)			City or Town, State)					
COMPLETE	298. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my	knowledge death occur	red at the time	data and place, and due	to the cause(a) and mai	and an eleter				
M M								cause(a) and menner as stated.			
. 11	296. SIGNATURE AND TITLE OF CENTREER	-									
BE	VIII	narke			29c. LICENSE NU	3276	29d. DATE :	SIGNED (Month, Day, Year) 70/94.			
ဝူ	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	OF DEATH (ITEM 27) /3-	e Prine	UT.	,- ,0	/	1 14.			
ł		The same and the s		o, really							
	31. DATE FILED (Month, Day, Year)	/82 REGISTRAR'S	SIGNACURE -								
	AUG 0 3 1994	Jaria Davido	on-Mandale								
	1000 0 100 t	0	-								



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	1.	DI	ECE	DEI	VT'	S	NA	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CER	TIF	CATE OF	DEATH		REG. NO.			
Ų.	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	NV.	YEAR	3. TIME OF DEATH
ij		RONALD ERI					Ju	Îy 28,	1994	+	8:23P M
	4. social security number 578–22–4283	1 XXM 2 □ F	AGE (In yrs. lest bir	rnday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	(Mon	OF BIRTH th, Day, Year) 3/25		Count	HPLACE (State or Foreign ry) nington, D.C.
e l	9a. FACILITY NAME (If not institution, give Ft. Washington Med		er_		9ь. city, town Ft. Was	or Location of Di hington	EATH		% COUNTY OF DEATH Prince George's		
DIRECTOR	10a. STATE 10b. COUNT		10	Oc. CITY	, TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
	Maryland Prince	e George's		Ft.	Washin	~					1 X YES 2 NO
FUNERAL	1409 Adams Dr.				10	20744			WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2XX Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 V IF YES, GIVE WAR	YER IN U.S. ARMED YES 2 NO OR DATES)	If yes, a	CENDENT OF HISPAI Decify Cuban, Maxica 3 2 NO Specif	nn, Puarto	n, Puarto Rican, etc.)			E — American Indian, k, White, atc. //y: CC
	15. DECEDENT'S EDU (Specify only highest grade	completed) (Give kir			USUAL OCCUPATI	ON ost of working	168	. KIND OF BUS	SINESS/INI	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	life. Do	NOT use	e Engra			Federal	l Gov	'nt.	7
BE CO	Moland E. Perry Mary Agnes Mosner										
10 B	19a. INFORMANT'S NAME (Type/Print) Maxine Perry 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) same as item 10										- X-7
	20a. METHOD OF DISPOSITION 1										
	21. SIGNATURE FUNERAL SERVICE LE		necrop	OLL		ND ADDRESS OF FA		/ > 1110	czanc	ii ia,	1 +4.
	· Chap 6. 1	Kalso	N .		61	RGE P KA	пттт	DD	OVON	UTI	L MD 20745
	23. ÉART I. Effer the diseases, or complications had caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, approximate interval Between Onset and Desth Approximate interval Between Onset and Desth										
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
- 13	PART II. Other algorificant condition	ns contributing to der	ith but not reau	iting li	n the underlyin	g cause given in	Part I.	24a. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
EDICAL								PERFOR			AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
2	DID TOBACCO USE	CONTRIBUTE	TO CAUSE	OF	DEATH	YES XX NO	0 🗆				t Nes 2 No
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. P	LACE OF DEATH (Ch	eck only o	ne)			
27	1 X YES 2 □ NO 27. MANNER OF DEATH	1 Inputiant 2 X ER		DOA Bb. TIME	4 - Nursing Hor	ne 5 🗆 Rasidenca		(1) 1)			
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Y		INJU	JRY W	JURY AT ORK? YES 2 NO	28d. DE	SCRIBE HOW II	NJURY OC	CURED	
9	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF IN. building, atc.	JURY — At homa, (Specify)	term, s	traat, factory, offic	ca .		CATION (Street a or Town, State)	and Numbe	r or Rural I	Route Number,
COMPLE	one) AL	ICIAN: To the best of my									i) and manner as stated,
N N	296. SIGNATURE AND TITLE OF CERTIFIE	elle-4	,			D12879	MBER		29d. DAT	29/	(Month, Day, Year)
2	30. NAW AND ADDRESS OF PERSON WE Aleonso Z. Valle,	M.D. 1070	F DEATH (ITEM 27 1 Traft() (Тур», ОП I	Print) Or. Larg	go, Md. 2	20772				
	AUG 0 1 1994 32. REGISTRAR'S SIGNATURE Fundable										



3 should 2, 1 BALTIMORE, MARYLAND 21215-0020 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the cours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the number filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

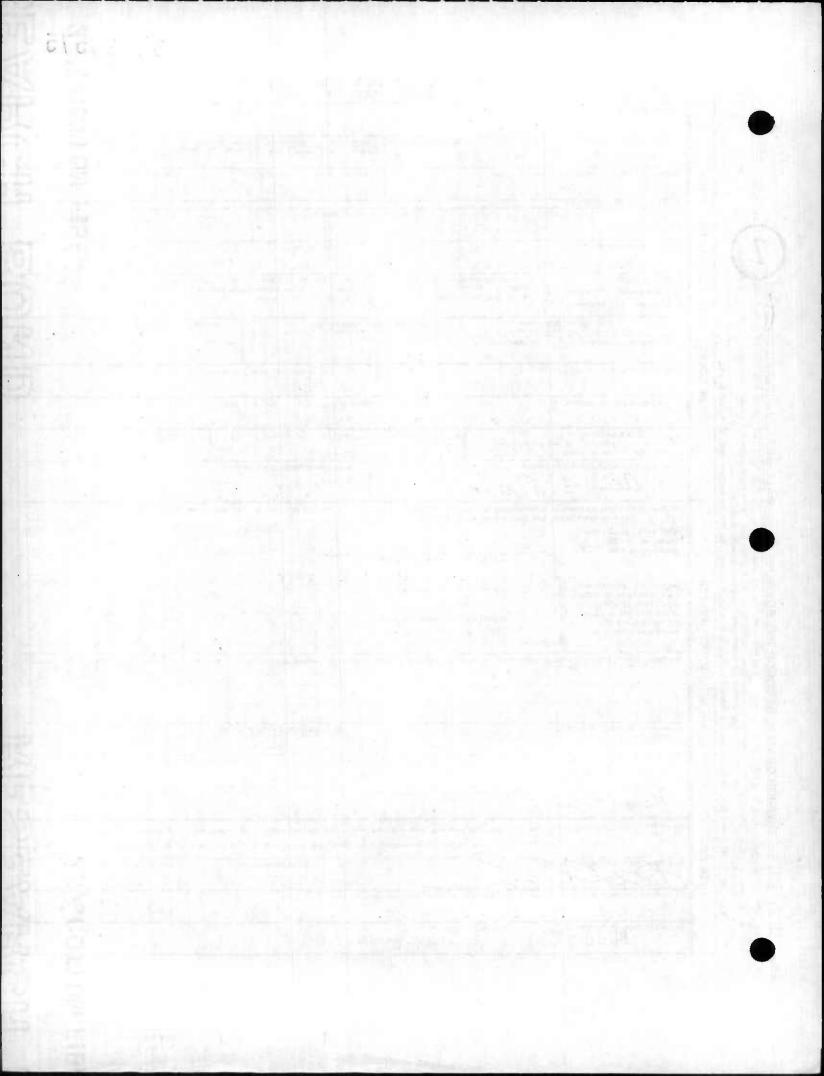
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	FOR
1	STATE
	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)										2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH				
			MARY	TERESA	PA	LMER	2			July	30,		YEAR	4:10	A M
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	DAYS	IF UNDER	R 24 HRS.	7. DATE OF B	IRTH		8. BIRTH Count	IPLACE (State or Fore	ign
	577 30 969		1 □ M 2 📉 F	80	YRS.					July 1			Was	h.,D.C.	
~	9a. FACILITY NAME (If not in							OR LOCATI	ION OF DE	EATH			NTY OF D		- 7
2	3601 Cousi		е			La	ndo	ver PRIN					ICE G	eorges	410
E C	toe. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN	TOWN OR LOCATION							10d, INSIDE CITY	
ä	Maryland	Princ	e George	S	Lan	idove	r							LIMITS?	0
AL	10e. STREET AND NUMBER						10	H. ZIP COD	E	10g. CITIZEN OF WHAT COUNTRY					To
EB	3601 Cousi	n Driv	е					207	785			Unit	ed S	tates	
BY FUNERAL DIRECTOR	11. MARITAL STATUS Never Married 2	Married	FORCES? 1	T EVER IN U.S. AR			If yes, s	pecify Cubi	en, Maxica	NIC ORIGIN? (Sp in, Puerto Rican	ecify Yes	or No-	14. RACI Blaci	E — American Indian k, White, atc.	
	3 Widowed 4 Divo		IF YES, GIVE Y	MAR OR DATES			1 YE	S 2 📉 NO	Specify	y:			Spec Bla		
	15. DEC (Specify onl)	EDENT'S EDU	CATION completed)	16a. DE	CEDENT'S	USUAL O	CCUPATI during m	ION ost of working	ng	16b, KING	OF BUS	INESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)	CLE					426	mn . c				
×	10 17. FATHER'S NAME (First, M	Veletia I aati		UAL	CLL	ANEN		T					ILRO	AD	
	11. PATHEN S NAME (FRSI, M		RTHUR PA	LMER					ELLA	ME (First, Middle		PE			
BE C	19a. INFORMANT'S NAME (7	ype/Print)		19	b. MAILING	ADDRES	S (Street			Route Number, C			p Code)		
2	3001 Cousin Drive, Landover, Md. 20/85														
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State										wn, Stata				
	4 Denation 5 Other (Specify) MT. OLIVET CEMETERY 8/5 Washington, D.C.														
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ALEXANDER S. POPE FUNERAL HOMES														
	lucy	4.	sope -	U.			5538	8 Mar	·1bor	o Pike	. Fo	rest	vill	e Md 207	47
CERTIFICATION	disease or condition resulting in death) a. Inflammatory carcinoma left breast DUE TO (OR AS A CONSCOUENCE OF):									onset and to 3 mon 26 yea	Death ths				
MEDICAL	PART II. Other significe	nt condition	s contributing to	death but not i	esulting	In the u	nderlyir	ng cause	given in		WAS AN PERFOR	MED?	24b	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
_										_				1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL						LACE OF D	DEATH (Ch	eck only one)					
SIC	t ☐ YES 2 🔀 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	4 Nu		ma 5 🗆 R	asidence	6 Other (Spe	eclfy)				1
		Pending	28a. DATE Of (Month, L		26b. TIN	UE OF JURY M	W	JURY AT ORK? YES 2	∃ NO	28d. DESCRIB	E HOW IP	NJURY OC	CURED	5	
TED BY	3 Suicide 6	Investigation Could not be detarmined	28s. PLACE (building,	OF INJURY — At he atc. (Specify)	me, larm,	street, fac				281. LOCATION City or Tov		nd Numbe	r or Rural I	Route Number,	
COMPLET			CIAN: To the best of a											s) and manner as stat	ted.
ш	2964 SROMATURE AND TITLE			-					ENSE NUN		T			(Month, Day, Year)	
TO BE	deel	=	60					D20	782					st 1,19	94
	Dal Yoo, M.D. 1160 Varnum St. N.E. #217 Wash. DC 20017														
	31. DATE FILED (MONTH, Day,			AR'S SIGNATURE	n-Alan	dall								1231	
		0.3		1.100										DHMH-16 I	Day 1/80



FOR

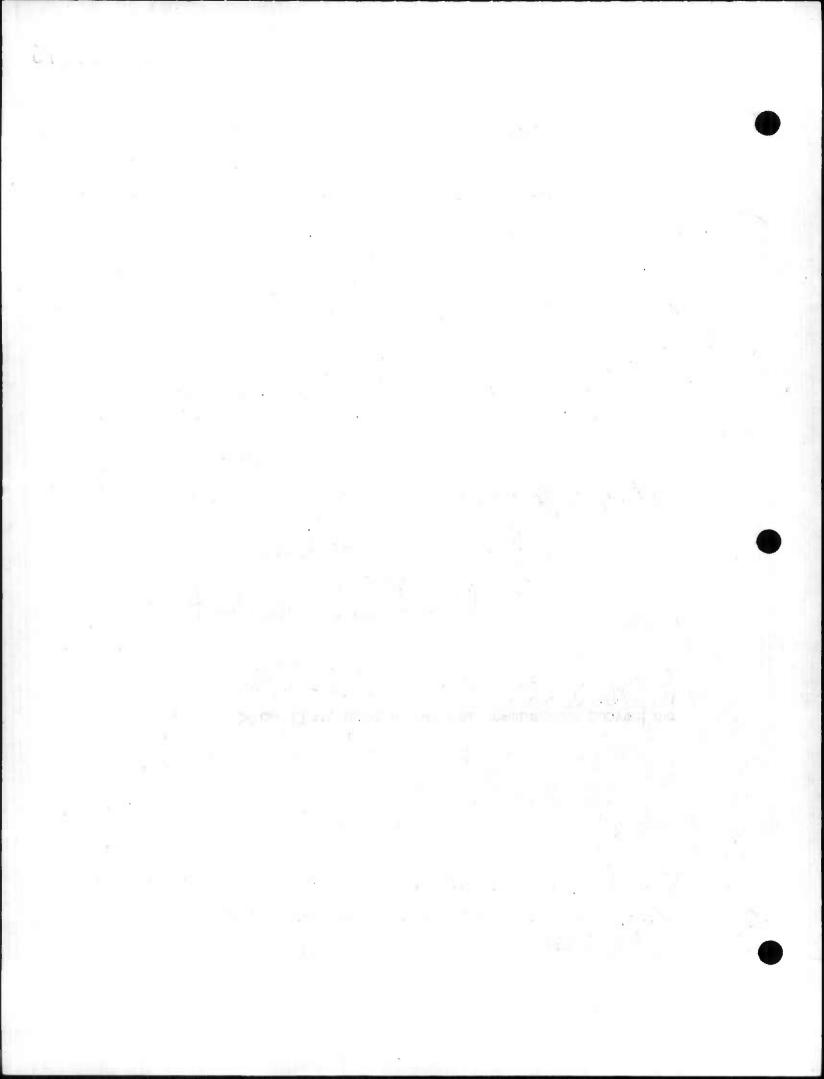
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR		CERTIF	ICATE	OF DEA	TH	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Las	1)					2. DATE OF CEAT	Н		3. TIME OF DEATH
	Gladys V.	Peck					07	29	94	11:45 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 Y		R 24 HRS.	7. DATE OF BIRTH	1_	6. BIRTH	IPLACE (State or Foreign
	234-38-8391	1 🗆 M 2 💢 F	81 YRS.	MONTHS D	AYS HOURS	MIN.	May 21,	1913	Wes	t Virginia
	9a. FACILITY NAME (If not institution, give			9b. CITY, TO	WN OR LOCAT	ION OF D			UNTY OF D	
OHO	Lions Manor Nu	irsing Home		Cum	berla	n d		A	lleg	anv
ក្ន	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	ITY	Inc CIT	Y, TOWN OR I	OCATION					10d. INSIDE CITY
DIRECTOR	Maryland Al	legany		umber						LIMITS?
	10e. STREET AND NUMBER	reguity	1 0	umber	10f, ZIP COI	DE		10a C	TIZEN OF Y	1 🕅 YES 2 🗌 NO
FUNERAL	235 Paca Stree	et "			215	02			U.S.	
S	11. MARITAL STATUS	12. WAS DECEDENT EVE	IN U.S. ARMED		DECENDENT	OF HISPAI	NIC ORIGIN? (Specif	Yea or No-	14. RACI	- American Indian.
BY F	1 ☐ Never Married 2 ☐ Married 3 😿 Widowed 4 ☐ Divorced	FORCES? 1 YE	DATES	II yı	s, specify Cub	en, Mexica Specif	in, Puerlo Ricen, etc	.)	Speci	k, White, atc.
8	//									"White
H	15. DECEDENT'S Et (Specify only highest gra	de completed)	16a. DECEDENT'S (Give kind of life. Do NOT us	vork done duri	IPATION ng most of work	ing	16b. KIND OF	BUSINESS/II	NDUSTRY	
P.	Elementary/Secondary (0-12)	College (1-4 or 5+)		naker			Hor	ne		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16 MO	THEO'S NA	ME (First, Middle, Ma			
	Minor F. Coope	r					ces Spil	,		
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S			Route Number, City or		Zip Code)	
임	Mary NBittner						- LaVa			21502
	20q. METNOD OF DISPOSITION 1 X Burial 2 Cremation 3 Re	movel from State	Ob. PLACE AND DATE		N (Neme of			LOCATION -	- City or To	wn, State
	4 Donation 5 Other (Specify)		ometery, cremetory or o Oddfello	DWS C	emete	ry 8	11/94	Elk	Gard	en, WV
	21. SIGNATURE OF FUNERAL SERVICE	George-Upchurch Fund							1 HA	mo D A
	(Herd/4)	wochurch)	20	2 Gre	ene	St. Cur	nhera	and	MD 21502
	23. PART I. Enter the disesses, o	complications that cause. List only one cause on	and the desth. Do	ot antar the	moda ot dy	ylng, suc	h ss cardlac or r	eapiratory a	irrest,	Approximate
	IMMEDIATE CAUSE (Final		aucii iiia.	P	. 1					intarval Between Onset and Daath
	disease or condition resulting in death)	· Kespin	atory	+	-aile	we	<i>3</i>			
		OUE TO (OR A	A CONSEQUENCILO	11						
NO I	Sequantially list conditions,	· ences	ralid	The	1					
RTIFICATION	If sny, laading to immediata cause. Entar UNDERLYING	(wels	much.	.U~	, ,	200	don't	-		i
Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AL	A CONSEQUENCE OF	and a						
H	resulting in death) LAST	d.								
8	PART II. Other algorificant condition	one contributing to death	but not resulting	n the wade	dulas asusa	aluan In	Post I do un			
CAL	Carana	disard	2 Ar	li dia lide	Cause	. (1	PEF	S AN AUTOPS	7 246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
0 1	II WALLE	000	7	James	112	mol	Kel Tep 1 1 YE	S ZX NO		OF DEATN?
ME		CONTRIBUTE TO	CAUSE OF	DEATH	YES I	1 NO	N			I YES 2 NO
Z	25. WAS CASE REFERRED TO MEDICAL		37.002 3.		26. PLACE OF I					
<u> </u>	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/O	ulpatient 3 DOA	OTHER:			6 Other (Specify)			
SICIA	1 TYES 2 TYNO			-	c. INJURY AT		28d. DESCRIBE N	O YRULNI WO	CCURED	
HYSICIA	27. MANNER OF DEATN	28a. DATE OF INJUR			WORKS					
3Y PHYSICIAN:	27. MANNER OF DEATN 1 Natural 5 Pending	(Month, Day, Year		URY	WORK?	□ NO				
B	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation 3 Suicida 6 Could not be	(Month, Day, Year) INJ	M 1	YES 2	□ NO	261. LOCATION (St.		er or Rural F	Route Number,
B	27. MANNER OF DEATH 1. Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) INJ	M 1	YES 2	□ NO	261. LOCATION (St. City or Town, S		er or Rural F	Route Number,
B	27. MANNER OF DEATN 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicida 6 Could not be determined 29e. CERTIFIER (Check only)	(Month, Day, Year	RY — At home, lerm, secify)	M 1	YES 2 office		City or Town, S	itate)		loute Number,
B	27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicida 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PH)	(Month, Day, Year 28e. PLACE OF INJU building, etc. (S)	RY — At home, lerm, specify)	M 1 Intreet, Jactory,	YES 2 offica	e, and due	City or Town, S	manner aa af	lated.	
E COMPLETED BY	27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicida 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PH)	(Month, Day, Year 26e. PLACE OF INJU building, etc. (S) SICIAN: To the best of my km NER: On the basis of examinar	RY — At home, lerm, specify)	M 1 Intreet, Jactory,	offica offica data end placeion, death occur	e, and due	City or Town, S To the cause(e) and Time, data and place	manner as at	lated. the cause(a	
BE COMPLETED BY	27. MANNER OF DEATN t Natural 5 Pending 2 Accident Investigation 3 Suicida 6 Could not b determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI	(Month, Day, Year 26e. PLACE OF INJU building, etc. (S) SICIAN: To the best of my km NER: On the basis of examinar	RY — At home, lerm, specify)	M 1 Intreet, Jactory,	offica offica data end placeion, death occur	a, and dua pred at the CENSE NUI	City or Town, S To the cause(e) and Time, data and place	manner as at a, and dus lo	lated. the cause(a	and manner as stated. (Month, Day, Year)
BE COMPLETED BY	27. MANNER OF DEATN 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 0ne) 2 MEDICAL EXAMI 29b. SIGNATURE AND TILE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON V	SICIAN: To the best of my knee. On the basis of axaminat	PRY — At home, Ierm, specify) Discretely, At home, Ierm, specify) Discretely, At home, Ierm, specify, at home, Ierm, specify	URY M 1 Intreet, lactory, and at the time on, in my opini Print)	office data end place on, death occu 29c. LIC	a, and dua pred at the CENSE NUI	City or Town, S Io the cause(e) and Ilme, data and place #BER	manner as at a, and dus to	ated. the cause(a	and manner as stated. (Month, Day, Year)
	27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only only) 2 MEDICAL EXAMI 29b. SIGNATURE AND TILE OF CERTIF	SICIAN: To the best of my knee. On the basis of axaminat	PRY — At home, Ierm, specify) Description and/or investigation DEATN (ITEM 27) (Type: Lanor N.H.	URY M 1 Intreet, lactory, and at the time on, in my opini Print)	office data end place on, death occu 29c. LIC	a, and dua pred at the CENSE NUI	City or Town, S Io the cause(e) and Ilme, data and place #BER	manner as at a, and dus to	lated. the cause(a	and manner as stated. (Month, Day, Year)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020





- 54-111-14-11

DALLIMORE, MARTLAND	ours after death. Page 6 may be retained by the hosp	in by the funeral director, page 5 should be detached in removal.	nedical examiner must be notified at once.	
STATE OF THE CONDS, T.O. BOX 887 80,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF I	MARYLAND /				HEALTH		MENTA	AL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					- 0.	<u> </u>		2. DATE	E OF DEATH			3. TIME OF DEATH
	ISAIAH	POWELL							MON'	TH DA	IY.	PASY	6:40 am M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH 8. BIRT			8. BIRTH	IPLACE (State or Foreign
	220-05-0589	1 M 2 □ F	75	YRS.	MONTHS	DAYS	HOURS	MIN.	1	th, Day, Year) 17 1919)	VIB	ĞİNIA
	9e. FACILITY NAME (If not institution, give si	reet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH		9c. COU	NTY OF D	EATH
DIRECTOR	MERIDIAN NURSING	CENTER			C	ENT	ERVII	LE			OUI	EEN .	ANNE
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			100 017	Y, TOWN (201004	TION		_				
I E	MARYLAND ANN	E ARUNDE	т		INAPO		a ron						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	L ARONDE		Ai	VINALO		f. ZIP COD				10+ CITI	ZEN OF N	1 XXyES 2 NO
1	1185 MADISON STR	EET AP	T. A 4			1	21403					·S.	THAI COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1		MED	13.				IC ORIGI	N? (Specify Yes			- American Indian
BY F	1 Never Married 2 Nerried	FORCES? 1 IF YES, GIVE V	YES 2 XXXX	(o		If yes, sp	ecify Cube	n, Mexica	n, Puerto	Rican, etc.)			E — Americen Indien, k, White, etc.
	3 Widowed 4 Divorced											BĽÃ	CK
	15, DECEDENT'S EDUC (Specify only highest grade	completed)	(G		USUAL O		ON ost of working	ng	161	b. KIND OF BUS	INESS/IND	USTRY	
12	Elementary/Secondary (0-12)	Cotlege (1-4 or 5	·)		ORER								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			LAI	OKEK		18 MOTI	HED'S NAI	ME (Elent	Middle, Melden	C		
ш	DAVID CAMPS DAV	ID E. PO	WELL				10			POWELL	surriame)		
0	19e. INFORMANT'S NAME (Type/Print)		190	b. MAILING	AODRES	3 (Street	and Number	or Rural R	loute Num	nber, City or Town	, State, Zip	Code)	
10	ELIZA POWELL									LIS, MD			
1	20s. METHOD OF DISPOSITION 1XXXBuriel 2 Cremetion 3 Remo	wel from State	20b.PLACE	ANDDATE	OF DISPOS	ITION (N	eme of		OAT	TE 20c. LOC	CATION —	City or To	wn, State
	4 Donation 5 Other (Specify)		ANNAPO	DLIS	MEM.	GAI	RDENS	8/	9/94	4 ANN	APOL	IS,	MD.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					NO ADDRE						
	Lavy G.	Reese			RE	ESE 1 WI	& SO EST S	NS M	ORTU	JARY, P POLIS,	MD.	2140	1
	23. PART I. Enter the diseases, or c shock, or heart fallure. I	ompilications the	t caused the de	sth. Do i	not enter	the mo	de of dy	ng, such	SS Car	diec or respir	ratory srr	est,	Approximate
	IMMEDIATE CAUSE (Final	list only one ceu	se on each line		\wedge			P					Interval Between Onset and Death
	disesse or condition resulting in death)	1			(٨		L	w	4			2 mot
		DUE TO	(OR AS A CONSEC	DUENCE O	F):		: 100	P	19	1			5440
ERTIFICATION	Sequentially list conditions,	DUE TO	(OR AS A CONSEC	DUENCE O	Fi:		٠,٠	-	N	V		_	13/10
₹	if sny, leading to immediate cause. Enter UNDERLYING		,		,.								
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEC	DUENCE O	F):								
E	resulting in death) LAST												
C	PART ii. Other significant conditions	contributing to	death but not n	esulting	in the un	derivin	O COURS O	dven in I	Dort i	24. WESAN	ALITODEV	245	WERE AUTOPSY FINDINGS
<					(110 011		g cococ ;	il dir	wit 1.	PERFORI	MED?	240.	AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC									- i	1 TYES 2	□ NO		OF DEATH?
									-				1 NES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF O	EATH (Che	ck only o	ne)	_		
Sic	EXAMINER? 1 YE\$ 2 NO	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHER		o 5 🗆 Re	aldence i	B C Othe	er (Snecify)			
РНҮ	27. MANNER OF DEATH	28a. OATE OF (Month, D		28b. TIM	_	28c. INJ	_	T	_	SCRIBE HOW IN	JURY OCC	UREO	
ВУ	Natural 5 Pending 2 Accident Investigation	(moral), Di	ay, rout)	in.	M	-	YES 2	NO					
ED 1	3 Suicide 6 Could not be	28e. PLACE 0 building,	F INJURY — At horate. (Specify)	me, term,	streat, fact	ory, offic	•		28t. LOC	CATION (Street or or Town, Stete)	nd Number	or Rural R	oute Number,
	4 Homicide determined												
립	29e. CERTIFIER (Check only one)												
COMPLET	2 MEDICAL EXAMINER	: On the basis of e	camination end/or i	nvestigatio	n, in my o	pinion, d	leath occur	ed at the t	ime, date	and place, end	due to the	e ceuse(e	end menner ee stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIER	1	0	1			29c. LICE	NSE NUM	BEA		29d. DATE	SIGNED	(Month, Day, Year)
10	John V	Home	NOO	5			DI	123	45		1	15/0	74
	30. NAME AND ABDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITEM	27) (Typo,	7 1	·L	ibar	1	7.	Cent	1.	Ms	2161)
	AUG 09 1994	32. REGISTRA	Hudlar R	walk))		

1	•	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CEF	RTIFI	CATE OF	DEATH	REG. I	NO.				
1. DECEDENT'S NAME (First	t, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATH		
Philip Edv	win PO	RTNER					August	DAY	994	16.55	DN	
4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. last be	irthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIFTH		S. BIRTH	IPLACE (State or Fore	ign	
188-03-6174		1 ☑ M 2 ☐ F	74	YRS.	MONTHS DAYS	HOURS MIN.	Aug. 27	1919		nnsylvani	La	
9a. FACILITY NAME (# not # Washington	Count		1			rstown	EATH		shin			
RESIDENCE OF DE	10b. COUNT	ry		10c CITY	TOWN OR LOCA	TION				10d. INSIDE CITY	_	
Maryland	Wash	ington			gerstow					LIMITS?	0	
Washington RESIDENCE OF DEC 100. STATE Maryland 100. STREET AND NUMBER 17833 Red (11. MARITAL STATUS		rive			10	21740		10g. CI	TIZEN OF V	WHAT COUNTRY?	Ĭ	
11. MARITAL STATUS 1 Never Merried 2 3 3 Widowed 4 Divo 15. DEC (Specify on Elementary/Secondary (1 12 17. FATHER'S NAME (First, M. E.J. 2 1 1 1 5	-		TEVER IN U.S. ARME YES 2 NO AR OR DATES		If yes, sp	CENDENT OF HISPA ecity Cuban, Maxics 2 NO Specif	NIC ORIGIN? (Specify an, Puarto Rican, etc.) fy:	Yea or No-	14. RACI Black Spec Whi	E — American Indian k, White, etc. ily: Lte	,	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relified.) 12 College (1-4 or 5+) Exec. V. President ribbon mfg.												
	17. FATHER'S NAME (First, Middle, Lest) William H. Portner Mae Agnes Fleming											
19a. INFORMANT'S NAME (Type/Print)		19b. i	WAILING .	ADDRESS (Street		Route Number, City or		Zip Code)		_	
Helen L. Portner 17833 Red Oak Dr., Hagerstown, Md. 21740												
20a. METHOD OF DISPOSITION 1 Burlai 2 (X Cremation 3 Removal from State 4 Donation 5 Other (Specify)												
21. SIGNATURE OF FUNERA		ICENSEE	"	_		ND ADDRESS OF FA		0		,		
1 Sc	sal	m	Unnu	ck			AL HOME Blvd., E	lagers	town	. Md. 217	40	
shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Sequentially list conditions, out to (or as a consequence of): Description of the conditions of the cause of the									i hore 4 day	2		
	4 7	ns contributing to	hung of	rome	the underlying	g cause given in	PER	AN AUTOPSY FORMED?	Y 24b	WERE AUTOPSY FIN AVAILABLE PRIOR TI COMPLETION OF CA OF DEATH?	USE	
25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL				LACE OF DEATH (Ch	neck only one)					
1 - YES 2 - NO		HOSPITAL:	ER/Outpetlent 3 🗆		OTHER: 4 - Nursing Hor	ne 5 🗆 Residence	8 Other (Specify)					
	Pending Investigation	28a. DATE OF (Month, Di	INJURY ny, Year)	28b. TIME INJU	JRY W	IURY AT ORK? YES 2 NO	28d. DESCRIBE HO	W INJURY O	CCURED			
2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28a. PLACE Of building,	F INJURY — At home etc. (Specify)	ı, ferm, st	treet, factory, offic		261. LOCATION (Str. City or Yown, St		er or Rural I	Route Number,		
		SICIAN: To the best of ER: On the besis of ex								s) and manner es ata	ted.	
29b, SIGNATURE AND TITLE	E OF CERTIFIE	ER E flux	of land		(2)	29c. LICENSE NU				(Month, Day, Year)		
30. NAME AND ADDRESS O		SE REGISTRA	e of Death (Item 2 R's Signature	27) (Type,	Print)							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with thousand the death. Page 6 may be retained by the hospital or attending physician TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-18 Rev 1/89

PERC LAUA

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

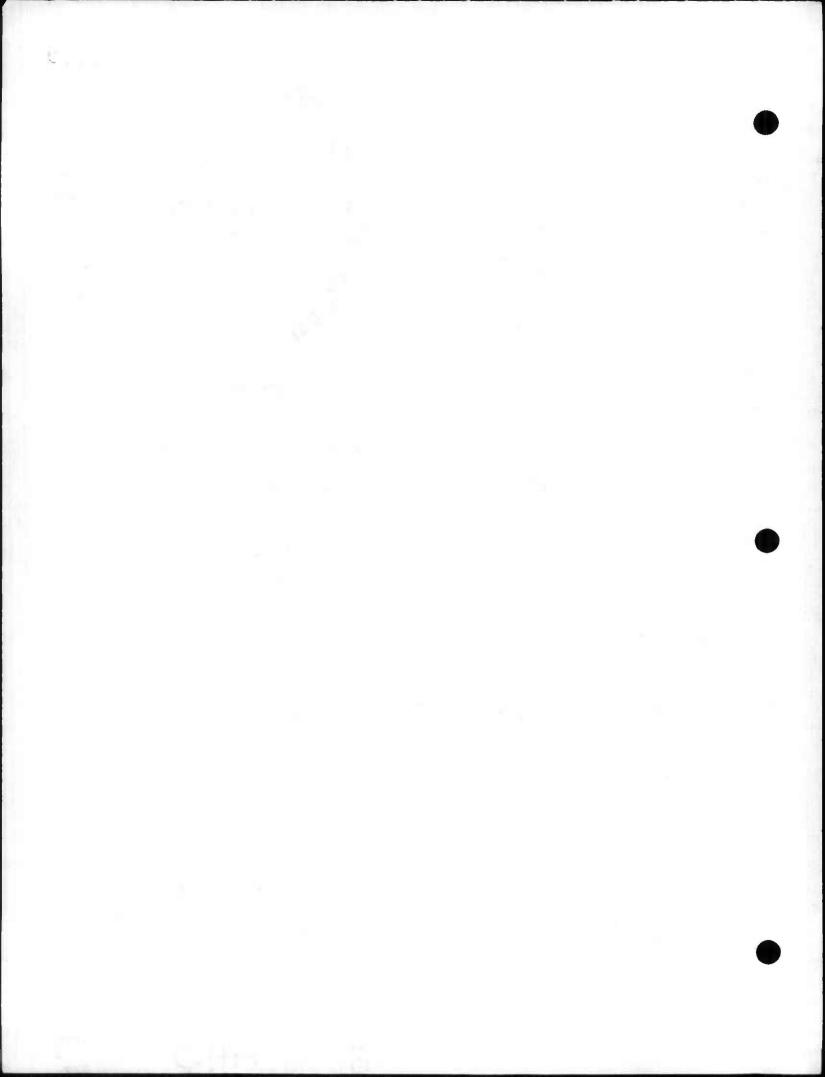
1 - STATE REGISTRAR		CE	RTIFIC	CATE C	F DEATH	III III III I	REG. NO				
1. DECEDENT'S NAME (First, Middle, L	est)					2. DATE O	F DEATH			3. TIME OF DE	EATH /
AUDREY C. R	OBEY					0.7		AY B 1	94	4:52	An
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.					LACE (State or	Foreign
577-26-7104	1 □ M 2 💢 F	73	YRS.	ONTHS DA	YS HOURS MIN.	June	Day Year)	1921	Wash	ington	DC
9e. FACILITY NAME (If not institution, g	ive street end number)		1	Db. CITY, TO	WN OR LOCATION OF D	EATH			INTY OF DE	ATH	
SOUTHE RY MARY	LAND HOSP	ITAL C	TR	CLIN	ron			PRI	NCE	GE ORC	ES
Maryland Pri	nce George'	s		nton	DCATION					10d, INSIDE CILIMITS?	
10e. STREET AND NUMBER 8600 Mike Shipi	ro Dr #1006	5			101. ZIP CODE 20735					HAT COUNTRY	
11. MARITAL STATUS 1 Never Married 2 Merried 3XXWidowed 4 Divorced	12. WAS DECEDENT	EVER IN U.S. AR	MED	If yes	DECENDENT OF HISPAI o, specify Cuban, Mexica YES 2 NO Specif	n, Puerto Ri			14. RACE	- American ir White, etc.	idlen,
15. DECEDENT'S	EDUCATION	16a, DE	CEDENT'S US	SUAL OCCUP	PATION	16b. I	KIND OF BU	SINESS/IN	Whit	te	
(Specify only highest g Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Gi	Do NOT use	rk done during	most of working			01112001111			
12			Radio	Disp	atcher	Pı	rince	Geor	ge's	Count	У
17. FATHER'S NAME (First, Middle, Last Henry Crouch					Lillian			Sumame)			
190. INFORMANT'S NAME (Type/Print)					eet and Number or Rural					4	
Abdelwahab Moha	mnea.				E 203 SW,				City or Tow		
1X Burial 2 Cremation 3 4 Donation 5 Other (Specify)		washir	ngton or othe		nal Cemete			itlar	nd, Mai	ryland	
21. SIGNATURE OF FUNERAL SERVICE	ELICENSEE C	+			E AND ADDRESS OF FA					•	
Joseph (//	Tuton J	ets		OTO	l Alexande	r Feri	-	ad, (Linto	on, Ma	
23. PART i. Enter the diseases; ehock, or heart felia	or complications that ire. List only one	caused the de	ath. Do no	t enter the	mode of dying, auc	h aa cardii	nc or reap	iratory ar	Teat,	Approxi	imate Between
IMMEDIATE CAUSE (Final disease or condition		5 5 TO SON 11110	•								nd Death
reaulting in death)	a. Intra	CTESTE OR AS A CONSEC	AD SO	Anto	ng failur	0	_	WK			5
Sequentielly list conditions,	a Termi	nal o	hami	c ob	structive	pulmo	22024	dis	erse	min	ths_
if any, leading to immediate cause. Enter UNDERLYING						quin				N CO	120
CAUSE (Disease or injury that initieted events	DUE TO (OR AS A CONSEC	UENCE OF):	,	resulting / [s	faras	119			760	W.
resulting in deeth) LAST	a. Athen	1050102	otic	COAD	nary heo	ib th	SORS	2		790	AS.
PART ii. Other eignificent condi							24a. WAS AN		245	WERE AUTOPSY	
major Depro					TEMOSIS		PERFOR	RMED?		AMILABLE PRICOMPLETION O	OR TO
							1 123 2	_greo		OF DEATH?	□ NO
DID TOBACCO US	E CONTRIBUTE	TO CAU	SE OF	DEATH	YES NO						
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			21 OTHER:	B. PLACE OF DEATH (Ch	eck only one)					
1 TYES 2 TYNO	1 Vinpetient 2 🗆			☐ Nursing	Home 5 - Residence	8 🗆 Other	(Specify)				
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigat	28a. DATE OF II (Month, Day	NJURY r, Year)	28b. TIME I	YY	INJURY AT WORK?	28d. DESC	RIBE HOW I	NJURY OC	CURED		
2 Accident Investigation 3 Suicide 8 Could not determine	28e. PLACE OF building, e	INJURY — At horte. (Specify)	me, term, stro	eet, fectory,	office	28f. LOCAT City or	TION (Street of Town, State)	end Numbe	r or Rural Ro	oute Number,	
29e. CERTIFIER 1 CERTIFYING P	HYSICIAN: To the boat of	ny knowled-	th a	at the P	data and etc.		- (-)				
	HYSICIAN: To the best of a									end menner e	e stated.
29b. SIGNATURE AND TITLE OF CERT	IFIER				29c. LICENSE NUI	MBER		29d, DAT	TE SIGNED (Month, Day, Yes	nr)
Defer	w year	24.20			D-12	884		•	July	31/90	-
30. NAME AND ADDRESS OF PERSON							= l = u =	n ac	407	1 . 1 -	
31. DATE FILED (Month, Day, Year)	7900 32 REGISTRAR	Old BAO		uve.	suite 10	1.	CIIN	OIL,	mar	yland =	10735
MUG 0 3 1994	Spelia Bai	udson-lifer	dalle								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pop filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

[MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-00

ages 1, 2, 3 should

2

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notified 9 must examiner medicai cremation, or 中 event, traumatic or other shows any 23 Hem the o marked, death

BE

2

296. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. HEOMITRAR'S SIGNATURE

B

194

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH · REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 1994 WILLIAM VAN ROBINSON 0938 AUGUST 7. DATE OF BIRTH (Month, Day Year) 4 SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country ENN. DAYE 217-44-7094 1 M 2 - F 47 9a. FACILITY NAME (If not institution, give atreet and number 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH ATLANTIC GENERAL HOSPITAL BERLIN WORCESTER DIRECTOR RESIDENCE OF DECEDENT WORCESTER 10c. CITY TOWN OR LOCATION BERLIN 10a. STATE 10d. INSIDE CITY 1 YES 2 NO 10e, STREET AND NUMBER FUNERAL 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 24 BURLEY STREET 21811 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ry/Secondary (0-12) POSTAL SERVICE US POSTAL SERVICE 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) WILLIAM C. ROBINSON ETHEL G. RITCHIE BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Gode) 2 MARGIE ROBINSON BURLEY STREET BERLIN MD. 20a METNOD OF DISPOSITION

1 Burial 2 Cremation 3 Ram 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 8/10 BERLIN, 4 ☐ Donation 5 ☐ Other (Specify) GARDENS OF THE PINES 21. SIGNATURE OF FUNEBAL SERVICE LICENSEE ULLRICH FUNERAL HOME BERLIN, MD. 23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or haart failure. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Fine) **Onset and Death** disease or condition Adenocarcinoma of Stomach 3 monta resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL: OTHER:
4 □ Nursing Nome 5 Residence 5 □ Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 25s. DATE OF INJURY 25b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Z Accident 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 🗌 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated.

,145

29c. LICENSE NUMBER

030690

DHMH-16 Rev 1/90

29d. DATE SIGNED (Month, Day, Year)

OHMH-16 Ray 1/89

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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEP CERT	PARTMENT OF HEALTH A	ND MENTAL HYGII		
	1. DECEDENT'S NAME (First, Middle, Last)	T. Rowle	V	2. DATE OF DEATH	DAY J OZA	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthd	MONTHS DAYS MOURS	HRS. 7. DATE OF BIRTH (Month, Day, Yeag)	8. BI	RTHPLACE (State or Foreign
	9a. FACILITY NAME (If not inatifution, give atr		9b. CITY, TOWN OR LOCATION	07-/9	- 03	Md.
DIRECTOR	William Hill	Nursing Hom	e Cambrid	ge.	1	chester
		Rchester (CITY, TOWN OR LOCATION Cambridge	e		10d. INSIDE CITY LIMITS? 1 ID YES 2 NO
FUNERAL		burn Ave.	101. ZIP CODE	613	10g. CITIZEN C	S WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF III yes, specify Cuben, II 1 YES 2 D NO	IISPANIC ORIGIN? (Specify Maxican, Puerio Rican, atc.)	8	ACE — American Indian, linck, White, alc.
D BY	3 Wildowed 4 Divorced					Black
OMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +) (Give kind life. Do NO	IT'S USUAL OCCUPATION of work done during most of working of use retired.)		BUSINESS/INDUSTR	Υ
OMP	17. FATHER'S NAME (First, Middle, Last)	Sei	RVICE WOR	I'S NAME (First, Middle, Meld		
BE C	George	TRAYERS		ary 7	Rave	RS
10	198. INFORMANT'S NAME (ApperPrint)	011/01/ 90 MAIL	ING ADDRESS (Street and Number or	I Classel.		
	20a. METHOD OF DISPOSITION 1 / Burlal 2 Cremation 3 Ramor	20b. PLACE AND DA	TE OF DISPOSITION (Name of	DATE 20c.	LOCATION - CIN O	Town, State
	4 Donation 5 Other (Specify)	Becki	Vith Neck 22. NAME AND ADDRESS (8/8 C	ambr:	dge, Md.
	- Janollo,	C. Newy	HENRY	FUNERA	HON	" . A A
	23. PART Venter the disesses, or co	omplications that caused the death. D	to not enter the mode of dying	such as cardisc or rea	piretory arrest,	1 bridge, Mc
	IMMEDIATE CAUSE (Final disease or condition	-4	LEROTIC CI	APRIA VA	bu a a	Interval Between Onaat and Death
	resulting in desth)	DUE TO (OR AS A CONSEQUENCE		DISEA	re care	YEAR
NO.	Sequentially list conditions, If any, iseding to immediate	OUE TO (OR AS A CONSEQUENCE	E OF):			TEARS.
FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSEQUENCE				
CERTIFICATION	thet initieted eventa resulting in death) LAST		E OF):			
4	PART II. Other aignificent conditions	contributing to desth but not resulting	ng in the underlying ceuse give			24b. WERE AUTOPSY FINDINGS
EDIC				1 _ YES	2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ						1 TYES 2 NO
PHYSICIAN:		HOSPITAL:	26. PLACE OF DEATH	H (Check only one)		
HYS	1 YES 2 NO	1 Inpatient 2 ER/Outpatient 3 DO/	A 4 Norsing Home 5 Reside	ance 8 Other (Specify) 28d. DESCRIBE HOW	IN ILIEV OCCUPED	
ВУ Р	Nettral 5 Pending 2 Accident Investigation	(Month, Day, Yeer)	INJURY WORK? M 1 YES 2 NO		MOONT OCCURED	
	3 Suicide S Could not be detarmined	28a. PLACE OF INJURY — Al home, fary building, etc. (Specify)	m, street, factory, office	281. LOCATION (Stree City or Town, State	t and Number or Run e)	al Route Number,
COMPLETED	29a. CERTIFIER (Check only	IAN: To the best of my knowledge, death occ	urred at the lime, data and place, and	dua to the cause(a) and m	anner as stated.	
	2 MEDICAL EXAMINER:	On the beats of examination and/or investige	ation, in my opinion, death occured a	it Ihe Ilme, data and place,	and due to the caus	e(s) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Jen	29c. LICENSE	NUMBER 57%	29d. DATE SIGN	ED (Month, Day, Year)
2	30. NAME AND AODRESS OF PERSON WHO	COMPLETEO CAUSE OF DEATH (ITEM 27) (7)		- 11	1 . 1	14/5
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	5 Aurora S	T CAM	bridge.	1111 21613
	AUG 0 9 1994	32. REGISTRAR'S SIGNATURE				

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•	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.) THE FUNERAL DIRECTOR: After this certificate has been signed by the artending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train	Ae filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	AMENDED #9b, 8	k 18, 8/03//3	74, CY	W, Pa	3.C.H.1	D.		24	2400-
	1 - FOR STATE REGISTRAR	STATE OF MAR				HEALTH AND !	MENTAL HYGIEN REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	0 1.					2. DATE OF DEATH MONTH D	.v	3. TIME OF DEATH
	EVA	SAWline	93				7 20	99	2145 M
	4. SOCIAL SECURITY NUMBER 577-76-8379	5. SEX 1 M 2 F	ak (In yrs. lest 75		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 6,19	19 W	BIRTHPLACE (State or Foreign Country) Vashington DC
OR	90. FACILITY NAME (If not institution, give Washington Advent		al	91	Tokor	or location of de	ATN	9c. COUNTY Monto	OF DEATH
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNT	ry		100 CITY I	TOWN OR LOCA	TION			Los mans are
DIRECTOR	Maryland Prin	nce George's	5		dover				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	7507 Buchanan Str	reet Apt 114	1		10	20784			of what country? I States
В	11. MARITAL STATUS 1 Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 27 NO		If yes, s		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No.— 14.	RACE — American Indian, Black, White, atc.
	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	(Give	e kind of worl	UAL OCCUPATI	ION ost of working	16b. KIND OF BU	SINESS/INDUS	TRY
COMPLETED	Elementary/Secondary (0-12) 8th	College (1-4 or 5 +)	life. I	nemake	etired.)	•	Home		
BE CO	17. FATNER'S NAME (First, Middle, Last) William G. Phil	lips					ME (First, Middle, Malden Beatley		Ella Canter
TOE	190. INFORMANT'S NAME (Type/Print) Robert Rawlings		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2516 Senator Ave, Forestville, Maryland 207						
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ramoval from State 20b. PL cemeter 4 Donation 5 Other (Specify)				DISPOSITION (N	Aug 1,1	994ATE 20c. LO		or Town, State
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	JC III	Allas C	22. NAME A	ND ADDRESS OF FA	ourtee Fune	ral Ho	me,Inc 6633
	Stanley &	Marso	Das		Old A	Alexander	Ferry Roa	d,Clin	ton,Md
	23. PART I. Enter the attenues, or shock, or beart failure.	complications that cau List only one cause o	need the dae	th. Do not	anter the me	oda of dying, suci	h ea cerdiec or resp	ratory arrest	Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. SEVER	ϵ i	HYPO	TENS	ion	due to		Onset and Daeth
N.	Sequentially list conditions,	b. RENAL	AS A CONSEON	LAIL					
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	CONGE	S TIV	UENCE OF):	HBAI	RT 1	FAILURE ENCY	aus	1
TIF	that initiated events resulting in dasth) LAST	BLE PIN	A-TO	UENCE OF):	ca/51	I RECON	eslov		
빙		d. /C> / //C	.7110)	-7	11030	PPICAC	-NC/		
EDICAL	PART II. Other algnificant condition	SEPSIS	h but not ra	sulting in	tha underlyin	ng cause given in	Part I. 24e. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
N:	DID TOBACCO USE	CONTRIBUTE TO	CAUSE	E OF D	EATH Y	ES NO			1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26, P	LACE OF DEATH (Ch	eck only one)		
ı≺Sı	1 YES 2 NO	1 Inpatient 2 ER/		DOA 4	☐ Nursing Nor	ne 5 🗆 Residence			
ву РНУ	t Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJU (Month, Day, Ye		286. TIME D	Y W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE NDW I	NJURY OCCUR	ED
유	3 Suicide 8 Could not be 4 Nomicide datarmined	28s. PLACE OF INJ building, etc. (URY — At horr Specify)	ne, ferm, stre	eet, fectory, offic	Ce	28f. LOCATION (Street City or Town, State)	and Number or i	Rural Route Number,
				th accumud	et the time det	e end place, and due	to the cause(s) and mai	nner en stated.	
COMPLE	one) 2 MEDICAL EXAMIN						time, data and place, an	d due to the co	suse(e) and manner as stated.
D BE COMPLET	(Check only 1 CERTIFYING PNYS ONE) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE	ER OLU	ation and/or in	rvestigation,	In my opinion,				GNED/Month, Dev. Year)
ш	(Check only one) 2 MEDICAL EXAMIN	ER OLU	DEATN (ITEM	27) (Type, Pr	In my opinion,	death occured at the		29d. DATE SI	

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	VERNON LEE	RODGERS				August 2			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIF	THPLACE (State or Foreign	
	124-12-4317	1 📉 M 2 🗌 F	81 YRS.	THS DAYS	HOURS MIN.	June 14,	913 Tex	intry)	
_	9e. FACILITY NAME (If not institution, give	ŕ	9b	CITY, TOWN O	R LOCATION OF DI	EATH	9c. COUNTY OF	DEATH	
FUNERALDIRECTOR	Larkin Chase Nu	rsing Center	1	Bowie			Prince	George's	
E I	10e. STATE 10b. COUNT	ſΥ	10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY LIMITS?	
0		ce George's	Bowie					1 X YES 2 NO	
PAL	100. STREET AND NUMBER				ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?	
	15005 Health Ce				20715		U.S.A.		
	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 X YES	2 NO			NIC ORIGIN? (Specify Yes in, Puerto Ricen, atc.)	or No— 14. R/	ICE — American Indian, ack, White, etc.	
ΒY	3 📉 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	2 X NO Specif	у:		ec#y: aucasian	
G	15. DECEDENT'S ED		16a. DECEDENT'S USL	AL OCCUPATION	ON .	16b. KIND OF BUS	SINESS/INDUSTRY		
E	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo ired.)	st of working				
MP.		4	National	Securi	ty	United	States	Government	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meiden	Sumame)		
BE	James Earl Rodg	ers				Mae Renicl			
5	19e. INFORMANT'S NAME (Type/Print)		1			Route Number, City or Town	,,		
	Craig Rodgers 200. METHOD OF DISPOSITION					t, Weston,			
	1 Buriel 2 Cremetion 3 A Rer 4 Donation 5 Other (Specify)		PLACE AND DATE OF D petery, cramatory or other LLISDOTO C			/06/94 Hil	CATION — City or		
	21. SIGNATURE OF FUNERAL SERVICE L		130010 0	22. NAME AN	ID ADDRESS OF FA	CILITY			
i	Francis Ga				is Gasch	's Sons Fu			
_	reaces -	. voleer						Le, MD 20781	
	23. PART I. Enter the diseeses, or ahock, or heert fallura	. List only one ceuse on e	sch line.	enter the mo	de of dying, suc	h ss cerdisc or respi	ratory srrest	Approximate interval Batween	
	IMMEDIATE CAUSE (Final disease or condition	0 0 1	lia mas	1-02	the			Onset and Death	
	resulting in death)	o. — COO AS AS	CONSEQUENCE OF	aja,	109	0	2 11		
_	TO COLOR OF THE CONSCIUENCE OF THE COLOR OF								
ē l	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	COMSEQUENCE OF	ave		10010	v ca	2	
CA	csuse. Enter UNDERLYING								
E	CAUSE (Disease or injury that initiated events	DUE TO OF AS A	CONSEQUENCE OF:	(0000		The state of		
CERTIFICATION	resulting in death) LAST	d							
AL C	PART II. Other algolficept condition	ns contributing to death b	ut not resulting in ti	ne underlying	ceuse given in	Part I. 24s. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS	
2	1/46	Dotomo	2012			PERFOR	-/	AVAILABLE PRIOR TO COMPLETION DF CAUSE	
	10/10	0,000						OF DEATH?	
PHYSICIAN: MEDIC	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF D	EATH Y	ES NO				
SIA	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)								
Si	1 YES 2 ONO	HOSPITAL: 1 Inpatient 2 ER/Outp		HER: Nursing Hom	e 5 🗆 Reeldence	6 Other (Specify)			
H	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF		URY AT RK?	28d. DESCRIBE HOW II	NJURY OCCURED		
B≺	Accident 5 Pending Investigation				ES 2 NO				
E	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, atree	t, factory, office		261. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
	200 CERTIFIER								
COMPLET	(Check only	SICIAN: To the beat of my know							
8		ER: On the basie of exemination	n end/or investigation, in	my of mion, d	eath occured at the	time, date end place, en	d due to the ceus	e(s) end menner ee stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFII	note	Mille		29c. LICENSE NUI	MBER 7/1	29d. DATE SIGN	ED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CHUSE OF	ASSESSED 27 /Simo		11.54	147	8	->-7/	
	Dr. Sam Tellawi,			Le Road	1 #A-112	, Bowie, Ma	aryland	20716	
	31. DATE FILED (Month, Day, Year) AUG 0 4 1	32. REGISTRAR'S SIGN							
	AUG U 4 I		-na fabour						

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A hours after death. Page 6 may be retained by the hospital or attending physician. The FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit in the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within. Hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the puritive be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	CATE	OF DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	17				2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH		
	ALICE		CE			JÜLY 29,1	994	12:46 A M		
	A DOMESTIC OF THE PROPERTY OF		E (In yrs. last birthday)	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)	8. BIRT Coun	HPLACE (State or Foreign htry)		
	1/3/05/10/6	□ M 2 👍	RS.			Apr 22, 1		PA		
æ	9e. FACILITY NAME (If not institution, give street	ena numberj	-		VN OR LOCATION OF D	EATH	9c. COUNTY OF	DEATH		
DIRECTOR	Memorial Hospita RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	<u>.1</u>			MBERLAND		ALL	EGANY		
	MD Allega	ıny		berla				10d. INSIDE CITY LIMITS? 14 YES 2 NO		
FUNERAL	98 Auburn Avenue	<u> </u>			21502		USA	WHAT COUNTRY?		
BY FUA	11. MARITAL STATUS 1	R IN U.S. ARMED S 2 NO DATES	ARMED NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 22 NO Specify:			Spe	CE — American Indian, ck, White, etc. city:			
	15. DECEDENT'S EDUCATION	ON _	16e. DECEDENT'S	USUAL OCCUP	ATION	18b. KIND OF BU	SINESS/INDUSTRY			
COMPLETED	(Specify only highest grade com Elementary/Secondery (0-12)	ollege (1-4 or 5+)	(Give kind of w life. Do NOT us	ork done during a ratirad.)	most of working					
린	12		homema	ker		OW	n home			
ဂ္ဂ	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden				
BEO	nfn MARTIN ENGLE	FUNK			- nmn - A	GNES KREIDER	FUNK			
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Str		Route Number, City or Tow	n, State, Zip Code)			
임	Ramon Ri	lce	98	Aubur	n Avenue C	umberlan	d MD 21	502		
	20e. METHOD OF DISPOSITION Surfect 2 Cremation 3 Removal		Ob. PLACE AND DATE O	FDISPOSITION			CATION City or T			
	4 Donetion 5 Other (Specify)		ametery, crematory or ot Hillcrest	Buria]	L Park	8/01/ Cu	mberland	MD		
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENS		1			uneral H				
	Clans 7 A	(h - 0)	11.			Marylan		12		
_	23. PART I. Enter the diseases, or com-	plications the cau	death Don							
	IMMEDIATE CAUSE (Fine)	only one clause on	each line.					Approximate Interval Between Onset and Death		
ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d.									
	PART II. Other significent conditions co	ontributing to death	but not resulting i	n the underi	ying ceuse given in	Part I. 24s. WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS		
EDICAL	CHRONIC					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Σ	DID TOBACCO USE CO	NTRIBUTE TO	CAUSE OF	DEATH	YES IT NO	D. [F]		1 TYES 2 THO		
¥	25. WAS CASE REFERRED TO MEDICAL	ATTINIDOTE TO	CAUGE OF		. PLACE OF DEATH (Ch	- 10				
SIC		OSPITAL:	utpetient 3 004	OTHER:	Home 5 Aesidence					
PHYSICIAN:	27. MANNER OF DEATH	26e. DATE OF INJUR	Y 28b. TIM	OF 28c.	INJURY AT	28d. DESCRIBE HOW I	NJURY OCCURED			
	1 Natural 5 Pending	(Month, Day, Year) INJ	JRY	WORK? YES 2 NO					
LED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJU building, etc. (S)	RY — At home, ferm, a pecify)	/ — At home, ferm, street, fectory, office			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
	29e. CERTIFIER									
COMPLET	(Check only one) 1 CERTIFYING PHYSICIAN DESCRIPTION ON THE PHYSICIAN DESCRIPTION OF THE PHYSICIAN DESCRIPTION DESCR							(e) end menner ee stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER	- 1	/							
B	The or sentitien	LROW	J		29c. LICENSE NUI	MBER	290. DATE SIGNE	D (Month, Day, Year)		
၉	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CANCE OF	DEATH (ITEM 27) /F	Delet)		-(-4	- (1	29/94		
	DR. DINESH B. SHAI	H/JOHNSON	HEIGHTS M		BLDG/SUI	TE 205/CUM	BERLAND.	MD. 21502		
	AUG 0 3 1994	22. HEGISTHAR'S S	TO STATE							

THE BALL OF SHIP SHIP STATE OF SHIP STATE OF

10 director, page 5 should be detached funeral attending physician and completely filled in by the mal Hygiene prior to burlal, cremation, or removal. signed by the attending phy Health and Mental Hygiene

BALTIMORE, MARYLAND 21215-0020

hospital or attendi

after death. Page 6 may be retained by the

hours

requires that the death certificate be executed within

has been a Dept. of H

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DIRECTOR: A

BE

9

296. SIGNATURE AND TITLE OF CERTIFIER

Theodore King M.D.

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Studeer Reveal

resolve

31. DATE FILED (Month, Day, Year)

OR ATTENDING PHYSICIAN: The law

DIVISION OF VITAL RECORDS, P.O. BOX 68760

use

94 24585 ITEMS: 23 PART I. 27, 28a-f, PER MEO FILM G-714 8/22/94 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH AUG 14 JOSEPH FRANCIS SCHULTZ 9:25 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN 8. BIRTNPLACE (State or Foreign 214-44-9307 1 X M 2 47 Nov 10,1946 Maryland 9e. FACILITY NAME (If not institution, give street and number)
WEAVER, S MARINA 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR **ESSEX** BALTIMORE RESIDENCE OF SECEDENT DRIVE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Carroll Maryland Hampstead 1 YES 2 X NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 1910 Springhill Lane 21074 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS OECENDENT OF NISPANIC ORIGIN? (Specify Yas or Noif yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 1 YES 2 XNO Specify 3 Widowed 4 Divorced White ETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high entary/Secondary (0-12) Supervisor GM Corp. COMPL 12 once. 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surn Agatha Wanda Sliwa Joseph F. Schultz at BE notified 19a. INFORMANT'S NAME (Type/Print) 19th MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
1910 Springhill Lane, Hampstead, 2 MD 21074 Charlotte Schultz e 20a. METNOD OF DISPOSITION
1) Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE must 1V Buriel 2 Cremation - Donation 5 Other (Specify) Lutheran Cemetery 8/18 Manchester, Md. medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Eline Funeral Home 02 Lawes 934 S Main St, Hampstead, Md. 21074 23. PART i. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardisc or raspiratory strest, shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death ‡ disease or condition HEAD INJURIES event. reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 X YES 2 - NO XXYES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem HOSPITAL OTHER:
4 | Nursing Homa | 5 | Residence | 8X|Xther (Specify) 1XX ES 2 □ NO Inpatient 2 - ER/Outpetient 3 - DOA AT SCENE of of 27. MANNER OF DEATN 28c. INJURY AT WORK? 26e. DATE OF INJURY FUUNAURY 28d. DESCRIBE NOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO FOUND 8-14-94 7:10 A SUBJECT FELL OFF BOAT BY 2 X Accident 26e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 261. LOCATION WEAVERS MARINE, 73D RIVERSIDE 3 Sulcide 28 is COMPLETED 4 Nomicide determined TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE DE filed within 72 hours at IMPORTANT: If Item 21 MARINA DR. BALTIMORE, MARYLAND 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 💢 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(s) and menner as stated.

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

AUG 14,1994

O.C.M.E

111 Penn Street, Baltimore, Maryland 21201

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR- After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transmit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1. DECEOENT'S NAME (First,	Adiciolio (not)											
- 8	SALLET	, imoune, cast)	Jaker Ja	mes A. S	Smith	l				2. DATE OF DEAT	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB	1	1.1103					X	8	94	1020 PM		
- 1			5. SEX	6. AGE (In yrs. las		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Yea		8. BIRT	HPLACE (State or Foreign try)
	212-10-04		1 M 2 - F	83	YRS.					06-12-1	911	TOTAL STREET	D.C.
. 8	9a. FACILITY NAME (If not in							OR LOCATI	ON OF DE	ATH		UNTY OF	
DIRECTOR	UNIV. OF MI	HKYLAN	VD HOSY	ITAL		BAL	TIM	OKE			BA	TIMO	RE
5	RESIDENCE OF DEC												
2	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN (_			10d. INSIDE CITY LIMITS?
							vre	de G	Frace			1 24 YES 2 - NO	
Z	10e. STREET AND NUMBER						101	. ZIP COD			10g. C	ITIZEN OF	WHAT COUNTRY?
	814 Gile	es Stre	eet					21	L078			U	SA
FUNERAL	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES									IIC ORIGIN? (Specif		14. RAC	E — American Indian, ck, White, atc.
								2 NO		n, Puerto Rican, atc)	Spec	o Maria
- 4													White
Ĕ		EDENT'S EDU			CEDENT'S			ON ist of working	10	16b. KIND OF	BUSINESS/I	NDUSTRY	
Ш	Elementary/Secondary (0-12) College (1-4 or 5+)					se retired.)			-		_		
P P			2		Plan	t Ma	nag	er		Utili	ty Co	mpan	У
COMPLETED	17. FATHER'S NAME (First, M									ME (First, Middle, Ma			
ш	James	L. Sm	ith		_				Effie	M. Llev	vellyn		
TO B	19e. INFORMANT'S NAME (7			198	. MAILING	ADDRESS	S (Street a	nd Number	or Rural R	Route Number, City or	Town, State,	Zip Code)	
F	Mrs. Cather	rine L	. Smith	8	14 G	iles	Str	eet,	Hav	re de G	race,	MD :	21078
	20e. METHOD OF DISPOSITE		ovel from State	20b. PLACE	ND DATE	OF DISPOS	ITION (Na	ame of		OATE 200	LOCATION	— City or To	own, State
	4 Donation 5 Other	(Specify)		Harf	ord	Mem	orial	Gar	den	s 8/12	Aberd	een,	MD
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE			22. N	NAME AL	ADDRE	SS OF FAC	Tunera	1 Uom	o D	٨
	> \ \.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	Qu'_	X	T						ice, MD		78 - 31	
	23. PART i. Enter the di	iseeses, or o	omplications the	at caused the de	ath. Do r								Approximata
	ehock, or he IMMEDIATE CAUSE (Fin	eert fellura.	List only one ca	use on eech line									Interval Between Onset and Death
	disease or condition	iai	MALI	TIPLE (RAA	N E	AII	Upe	200				
	resulting in deeth)		e. DUE TO	TIPLE O	DUENCE OF	F):	7116	- WING					
z			OVER	WHEEMIN	14- 5	PPCIC							
CERTIFICATION	Sequentlelly list conditi if any, leading to imme-			OR AS A CONSEC									
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	cause. Enter UNDERLY! CAUSE (Disease or Inju	ING	· INTRI	4 - AND DOM	NINA	L MS	SLE	55					
	thet initieted events			(OR AS A CONSEC									
	resulting in death) LAS	T .	. PERA	RATED	GASTIEIC ULCER								
	BADT ii Other elegifles	nt condition		death but and									
MEDICAL	PART II. Other significa	int condition	e contributing to	death but not r	esuiting				Part I, 24a. WA	24a. WAS AN AUTOPSY 24b PERFORMED? 24b		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ă										1 🗆 YE	S 2 NO		COMPLETION OF CAUSE OF OEATH?
Σ										10	,		1 YES 2 NO
ž	DID TOBACCO	O USE (CONTRIBUT	E TO CAUS	SE OF	DEA	TH Y	ES [NO				
8	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HQSPITAL:					ACE OF D	EATH (Che	eck only one)			
PHYSICIAN:	1 TYES 2 NO			ER/Outpatient 3	□ DOA	OTHE1		10 5 R	sidence	8 Other (Specify)			
Ŧ	27. MANNER OF DEATH		28a. OATE O	F INJURY Day, Year)	28b. TIM	E OF IURY		URY AT		28d. DESCRIBE H	OW INJURY O	CCURED	
BY		Pending investigation	,		1111	M		YES 2] NO				
	2 Culoida —	Could not be	28a. PLACE (OF INJURY — At ho	me, ferm, a	straet, fact	tory, offic	•		281. LOCATION (St		er or Rural	Route Number,
ם		determined	Callaling	, ate. (opecity)						City or Town, S	rare)		
וב	29a. CERTIFIER	TIFYING PHYSI	CIAN: To the best o	f my knowledes de	eth occum	ad at the t	lme date	and place	and due	to the ceuse(s) and		tetad	
COMPLET													(s) and manner as stated.
ပ	29b, SIGNATURE AND TITLE												
BE	11 000	20 0	Marke.	- MAD				29c. LICI	ENSE NUM	ABER	29d. D	ATE SIGNE	D/(Month, Day, Year)
၉	30. NAME AND ADDRESS OF	F PERSON WILL	COMPLETED ON	SE OF OFATH ST	4.070 (7::	Onine)						3/1/	74
	MAISIN OF	MARY	II AND	140 (DITI	н 21) (туре, † /	. mnt)	1111-	. 7) 11	ONTOYA		, ,	
	31. DATE FILED (Month, Day,	1	32 BEGIETE	AR'S SIGNATURE	-	c)	VIAIN	u)	re IV	UNTOYA			
	AUG 1			auxolum-Ran	1 11								
- 11	HOD T	I IJJ4	Julia a	MONTH MAN	aul								

BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physical	by the funeral director, page 5 should be detached for use as the burnit- moval.
á	Nours	filled in
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within riours after death. Page 6 may be retained by the hospital or attending physician	DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the full hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Rees 2:30 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH DAYS HOURS 1 M 2 F YRS. Nov.11 MD 90. FACILITY NAME (If not institution, give street and number) 90 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Carroll DIRECTOR Manchester Long View N.H. RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Carroll Westminster 1 TYES 2 NO 104. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 21157 118 PA Avenue 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Merried SpechWhite BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done during mo Elementary/Secondary (0-12) College (1-4 or 5+) 12 Housewife Housework 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumerne) Jessie Davhoof H Jacob Starner BE notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 118 PA Avenue Westminster MD21157 B. Irene Young 3 20a, METHOD OF DISPOSITION
1 2 Burlel 2 Cremetion 3 In
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must Comptery 10 8/10/94 Westminster MD 21. SIGNATURE OF FUNERAL SERVICE LIGENSEE examiner Littles'F.H.34 Maple Ave.Littlestown, PA1734 Altel medical 23. PART I. Enter the diseases, or complications the caused the death. Do not enter the mode of dying, such se cerdisc or reapiratory erreat, Approximate shock, or haert failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset end Death the disesse or condition resulting in deeth) event, DUE TO (OR AS A CONSEQUENCE OF) other traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 shows any injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2- NO 1 YES 2 10 PHYSICIAN: S 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ng Home 5 ☐ Residence 6 ☐ Other (Specify) d ch 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked. 1 - Waltural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 8 Could not be determined COMPLETED 4 Homicide 28 item 29e. CERTIFIER 1 OPRITYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end dus to the cause(s) end menner ee stated. TO THE HOSPITAL OF THE FUNERAL DO BE filed within 72 hr EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d. DATE SIGNED /M Day, Year) BE 84 WD0320118 NO 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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NO

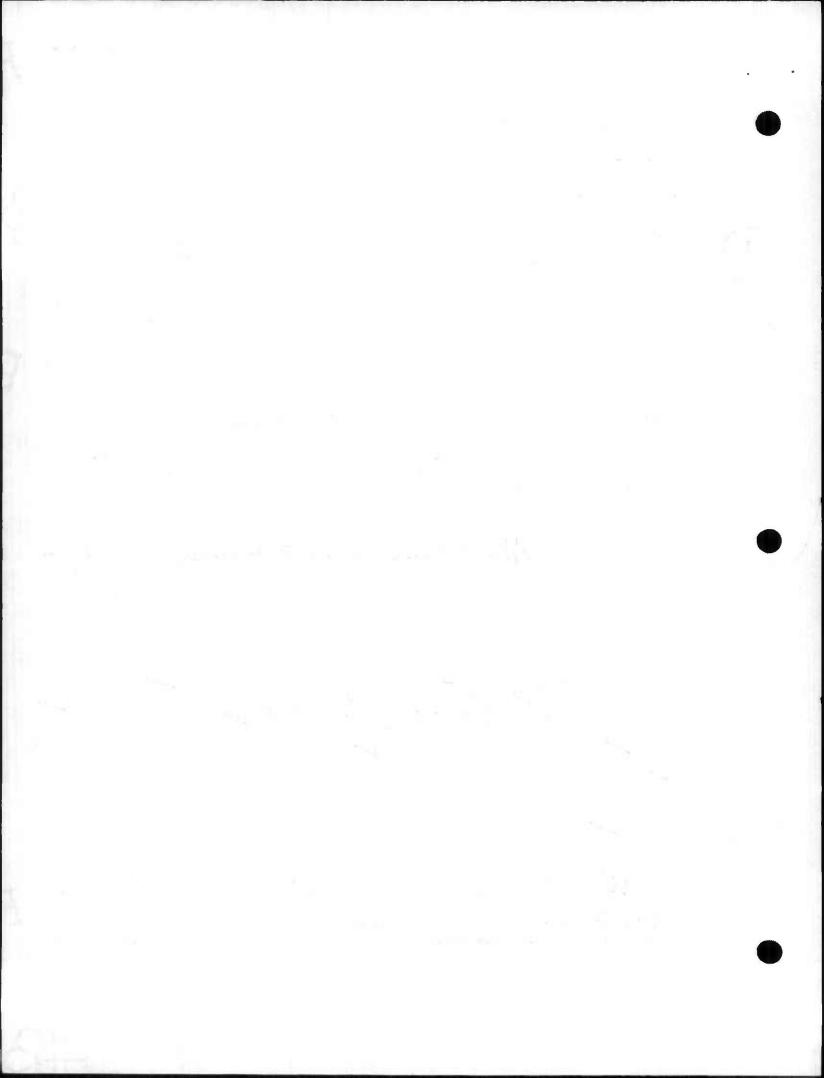
32. REGISTRAR'S SIGNATURE diswolar Kardall

D.

DHMH-16 Rev 1/89

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within who within who the funeral director, page 6 may be retained by the horspitan that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial terms of the page 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH	D MENTAL HYGIENE REG. NO.
	岩	1. DECEDENT'S NAME (First, Middle, Last) Myrtle B. Schuck	2. DATE OF DEATH AWONTH AUG 10, 1994 11:25 A M
	2	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 X F 6. AGE (In yrs. last birthday) F UNDER 1 YEAR IF UNDER 24 HR MONTHS DAY'S HOURIS MHY	RS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign
	TOR	96. FACILITY NAME (If not institution, give street and number) Long View Nursing Home RESIDENCE OF DECEDENT 96. CITY, TOWN OR LOCATION OF Manchest	F DEATH 9c. COUNTY OF DEATH
1	DIRECTOR	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION Hampstead	10d. INSIDE CITY LIMITS? 1 □ YES 2 □ NO
)	FUNERAL	100. STREET AND NUMBER 1215 Wynside Lane 210	10g. CITIZEN OF WHAT COUNTRY? USA
	B	1 Never Merried 2 X Merried FORCES? 1 YES 2 X NO If yes, specify Cuban, Me	SPANIC ORIGIN? (Specify Yee or No— stican, Puerto Rican, atc.) pecify: 14. RACE — American Indian, Black, White, atc. Specify: White
	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use, retirned.) A S S I S t an t Office Manager	New York Life
at once.	E COM	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S	S NAME (First, Middle, Meiden Surneme)
or removal. medical examiner must be notified at once.	TO B		nrel Route Number, City or Town. State, Zip Code)
er must b		20a. METHOD OF DISPOSITION 1 N Burdel 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	8/12 Westminster, MD
al examin		► Steven W. Elme 934 S Mair	St, Hampstead, MD 21074
vent, the		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, abock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition reaulting in deeth) a. Atastas but To (OR AS A CONSEQUENCE OF):	Interval Between Onset and Death
or other traumatic	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.	
shows any injury.	MEDICAL (PART II. Other significent conditions contributing to death but not resulting in the underlying cause given	1 in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 U YES 2 WAS AN AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
item 23 s	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:	NO Check only one)
8 6	PHYSI	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Autrising Home 5 Reelder 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY WORK?	nca 6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED
28 is marked	TED BY	1	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)
if Item	COMPLET	29e. CERTIFER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end one) 2 MEDICAL EXAMINER: On the bests of examination end/or investigation, in my opinion, death occurred at	
MPORTANT:	8	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE DO	NUMBER 29d. DATE SIGNED (Plonin, Pey, Year)
a ==	2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo. Print) 11 1 To and MD 3123 M Cui St	MANChester Md
		31. DATE FILED (Jesigh, Pay, 1997). 32. REGISTRAR'S SIGNATURE.	21102



1. DECEDENT'S NAME (First, Middle, Lest) Laura Frances Satchell 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR __ IF UNDER 24 HRS. MONTHS DAYS HOURS 1 M 2 5 F 68 215-12-6764 Pages 1, 2, 3 should 9a, FACILITY NAME (If not institution, give street and number) 9h CITY TOWN OR LOCATION OF GEATH DIRECTOR 12618 Collins Rd. Bishopville 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Accomac Chincoteague VA FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE P.O. Box 36 23336 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cubs 1 Never Married 2 Merried BY 3 Widowed 4 Divorced BALTIMORE, MARYLAND 21235-0 38 COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) page 5 should be detached for College (1-4 or 5 +) retained by the hospital self employed 17. FATHER'S NAME (First, Middle, Last) Harry B. Birch H BE notified 19a. INFORMANT'S NAME (Type/Print) 2 Harry Satchell Roland P.O. Box 36 Chincoteague, VA after death. Page 6 may be pe 20b. PLACE AND DATE OF DISPOSITION (Name of must led in by the funeral director, Taylor's Cemetery Aug examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. PART I. Enter the diseases, or compile at shock, or heart failure. List only Burbage medical one that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, one cause on each line. IMMEDIATE CAUSE (Final the cremation, disease or condition_ forlue ever resulting in death) completers or other traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) executed wit prior to burial, Carcume meta states CERTIFICATION the attending physician and Mental Hygiene prior to buri Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING the death certificate be luco car con ven CAUSE (Disease or Injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL this certificate has been signed by with the State Dept. of Health and any shows PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 YES 2 410 Inpetient 2 - ER/Outpetient 3 - DOA 10 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? marked, 5 Pending Investigation 1 Tatural 1 YES 2 NO BY After death 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 69 DIRECTOR: A hours after d COMPLETED 8 Could not be 4 Homicide hours Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 PM IMPORTANT: If IN (Check only one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and place, 29c, LICENSE NUMBER BE A yur 0 TED CAUSE OF DEATH (ITEM 27) (Type, Print) INSIEG JR MD 185 Carroll Street 31. DATE FILED (MO) 32. REGISTRAR'S SIGNATURE

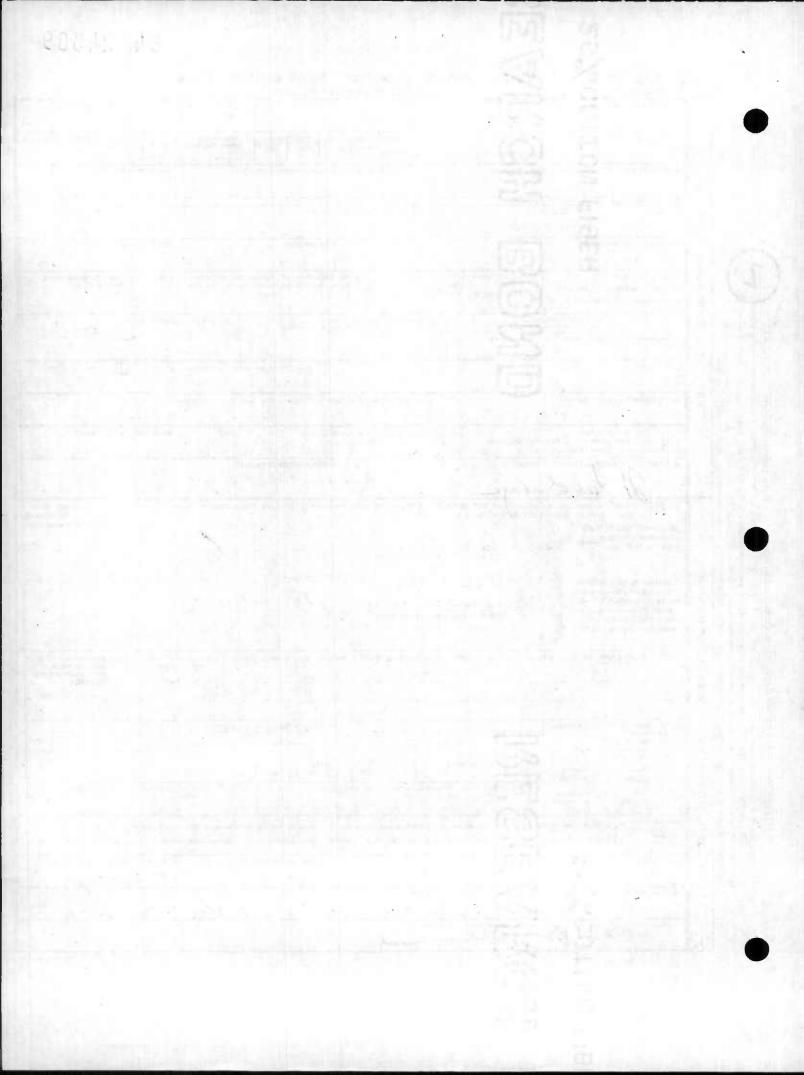
alin Danie

FOR STATE REGISTRAR

94 24589

CERTIFICATE OF DEATH

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH 3. TIME OF OEATH Aug 94 7:10 A. 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH (Month, Day, Year) Aug. 1925 9c. COUNTY OF DEATH Worcester 10d. INSIDE CITY 1 X YES 2 NO 10g, CITIZEN OF WHAT COUNTRY? USA 13. WAS DECENCENT OF HISPANIC ORIGIN? (Specify Yes or No--If yes, specify Cuban, Maxican, Puarto Rican, stc.) 14. RACE - American Indian, Black, White, etc. Specify: Specify: white 166 KIND OF BUSINESS/INDUSTRY grocery store 18. MOTHER'S NAME (First, Middle, Malden Surname) Laura Davis 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20c. LOCATION - City or Town, Stata 1994 Temperanceville 108 William St. Burbage Funeral Home Berlin, MD 21811 interval Between Onset and Death 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d, DATE SIGNED (Month, Day, Year) 8211



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

94 24590

3. TIME OF OEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

Specify White

1 YES 2 1 NO

City 21043

WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO

COMPLETION OF CAUSE

1 TYES 2 RT NO

OF DEATH?

Interval Between **Onset and Death**

8. BIRTHPLACE (State or Foreign

Maryland

Baltimore

7:50P

OHMH-16 Rev 1/89

Jandwini 01-81-8			Alla C	
sagnitilpi	l promiting			Charlescon
	Milicore Ciry		Equaçã	harriend
	Texts II		.20	4725 Kamin
311th		1104		
Columnia Tirenens		nO Ca		11
	V2.00	ę	VS IIIO SAIJE	. Physician
1-94_ Laltingro, Hi.	Hally Havenett			I , trium L
Pit vill sicoliff alif aldm	ELGX 857 2710			

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physicien	filled in by the funeral director, page 5 should be detached for use as the burial-time on, or removal.	ne medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within wours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-time filed within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

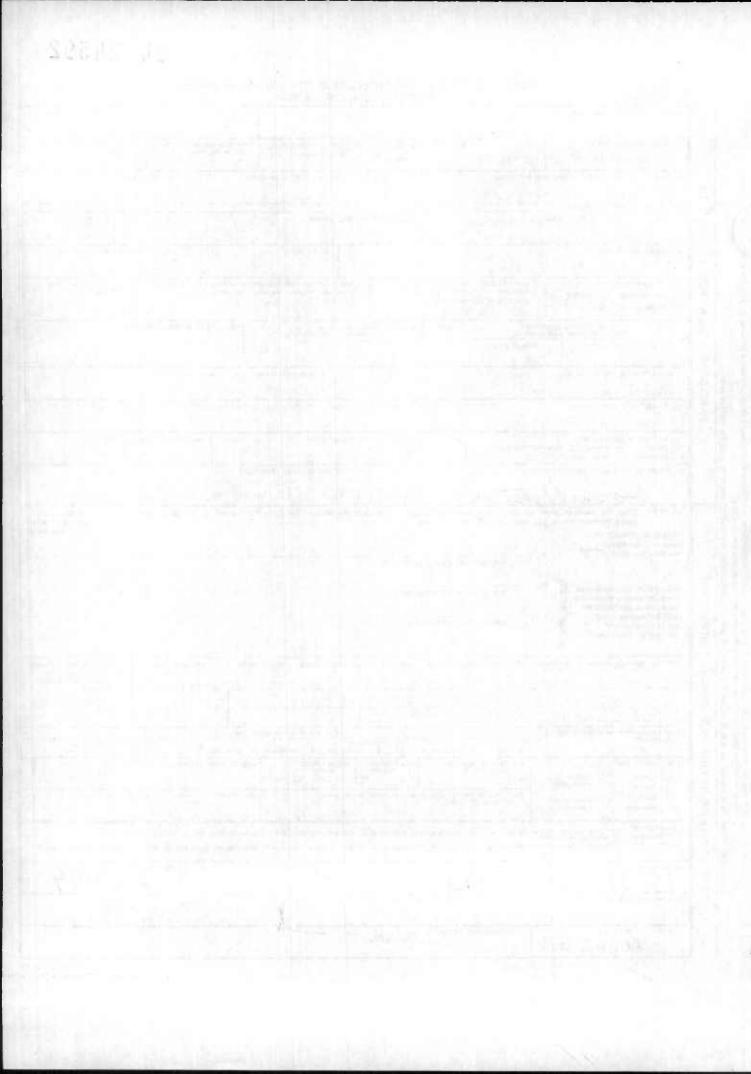
	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	D .			
	1. DECEDENT'S NAME (First, Middle, Last) HARRY	51	HAW			2. DATE OF DEATH MONTH	DAY	YEAR / //5P M		
	4. SOCIAL SECURITY NUMBER 223-76-3747	223-76-3747 1XM2□F 44 YRS. WONTH						8. BIRTHPLACE (State or Foreign VIRGINIA		
PO	98. FACILITY NAME (II not institution, give: PRESIDENTIAL WOOD		NTER	96. CITY, TOWN OR LOCATION OF DEATH ADELPHI			PRINCE GEORGES			
[)	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	ν	100 013	Y, TOWN OR LOCA	TION			Last moior out		
L DIRECTOR	10e. STREET AND NUMBER			SHINGTO	VaD.C.			10d. INSIDE CITY LIMITS? 1X YES 2 NO		
FUNERAL	3355 LLTH STREE				101. ZIP CODE			109. CITIZEN OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 X Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? VIXYES IF YES GIVE WAR OR VIETNAM	IN U.S. ARMED 3 2 NO DATES	If yes, s		VIC ORIGIN? (Specify Y n, Puerto Ricen, etc.) /:	es or No-	14. RACE — American Indian, Black, White, etc. Specity: BLACK		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	se retired.)						
M M	15		PHOTO	TECH.						
BE COI	17. FATHER'S NAME (First, Middle, Lest) WILLIE SHAW					ME (First, Middle, Melde NIE POWEL				
TO B	19a. INFORMANT'S NAME (Type/Print) FANNIE REDD					HBURG - VA -		Code)		
	20e, METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Rem 4 Denation 5 Other (Specify)	novel from State Co	PLACE AND DATE	OF DISPOSITION (lame of	DATE 20c. L		City or Town, State		
	21. SIGNATURE OF RUNERAL SERVICE LI			22. NAME /	AND ADDRESS OF FA	FRANKL	IN-TUR	NER FUNERAL		
	· June	pull	and the same of th	317	TH ST. L	YNCHBURG 7	VA - 245	i04		
	23. PART I. Enter the disease or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Ga &	eech line.	Clas		9	priatory arre	Approximate Interval Between Onset and Daath		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS	A CONSEQUENCE O	PF):						
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):						
DICAL CE	PART II. Other eignificent condition	na contributing to death	but not reaulting	in the underlyi	ng ceuse given in	Part i. 24a. WAS A	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
MEDIC						1 _ YES	2 🗆 NO	OF DEATH?		
×	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Ch	eck only one)				
Sic	1 WES 2 10	HOSPITAL: 1 Inpatient 2 ER/Ou	tpatient 3 DOA	OTHER:	me 5 🗆 Residence	6 Other (Specify)				
Y PHYSICIAN:	27. MANNER OF DEATH 1 1 Nitural 5 Pending Investigation	28b. TIN	NE OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCC	URED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datarmined	or Rural Route Number,								
COMPLET	onel	ICIAN: To the best of my kno						od.		
	29b. SIGNATURE AND TITLE OF CERTIFIE									
TO BE	appo	0 5			29c. LICENSE NUI	1931	29d. DATE	SIGNED (Month, Pay, Year)		
	RShumache	- 4D 236	9 Shar	esiel.	1 Rd	Wheato	- Mi	D 20902		
	31. DATE FILED (Month, Day, Year) AUG 0 3 199	4 Lika Ear	Mature Midson-Rand	مال						
	71000	U						OHMH-18 Rev 1/8		



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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within. Thurs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trained be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPARTI CERTIFIC				SIENE I. NO.			
	o GLENN E. SHI	ERMAN			2. DATE OF DEA MONTH JULY	DAY 29 199	YEAR	6:15 A	
4. SOCIAL SECURITY NUMBER 578-60-9056	1 🛣 M 2 🗌 F	47 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, N	1946	Country) Washi:	ngton, D.C	
90. FACILITY NAME (If not institution, given 1836 Metzerott RESIDENCE OF DECEMENT	Rd, Apt. #30:		Adelph	R LOCATION OF D	EATN		ce Geo	rge's	
Maryland Prin			rown or Locat					d. INSIDE CITY LIMITS? YES 2 NO	
9034 Rhode Isla	nd Avenue		101	10f. ZIP CODE 20740			10g. CITIZEN OF WHAT COUNTRY? United States		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 X Y IF YES, GIVE WAR OF 1966 to 1	ES 2 NO	If yes, sp		NIC ORIGIN? (Special, Puerto Rican, at	Ify Yes or No-		CE — American Indian, ack, White, etc.	
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		(Give kind of won	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			OF BUSINESS/IND	USTRY		
17. FATNER'S NAME (First, Middle, Last)	2	Computer	Specia		Small		ess Ad	ministrat	
Samuel Jackson	Sherman			Etcille	e Louise	Carpen			
190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Bonnie Gale Sherman 9034 Rhode Island Avenue, College Pk I								20740	
20e. METHOD OF DISPOSITION 1 🖾 Burlai 2 🗆 Cremation 3 🗆 Re 4 🗆 Donation 8 🗀 Other (Specify)		20b. PLACE AND DATE OF Cemetery, cremetery or other FORT LINCO			1	Brentwoo			
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	M00907	Fort	Lincoln Bladensb		Home,	Inc.	Tale 1	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR A	TIC ADENOCA IS A CONSEQUENCE OF): IS A CONSEQUENCE OF): IS A CONSEQUENCE OF):	ARCINOM	A OF THE	E ESOPHA(GUS			
SEVERE HYPERTHY MYOCARDIAL INFA	LTIPLE LOWER	EXTREMITY TIPLE PULM(DEEP V	EIN THRO	Pi	AS AN AUTOPSY ERFORMED? /ES 2 NO	Of Of	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO IMPLETION OF CAUSE OEATH? YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 □ Inpatient 2 ☑ ER/C		THER:	ACE OF DEATH (C)	6 Other (Specif	y)			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJUI (Month, Day, Yea	RY 28b. TIME (WO WO	URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW INJURY OCCURED				
3 Suicide 8 Could not be determined	28e. PLACE OF INJI building, etc. (3	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)						Rural Route Number,	
enel	/SICIAN: To the best of my ki							nd menner ee stated.	
29b. SIGNATURE, AND TITLE OF CERTIF	bon Me)		29c. LICENSE NU		29d. DAT	SIGNED (M	onth, ohy, Year)	
BRTAN P MONAHA	I LCDR MC	USN			NAVAL N				
AUG 0 2 199	14 Greha Da	ignature Pandelli	6						



FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

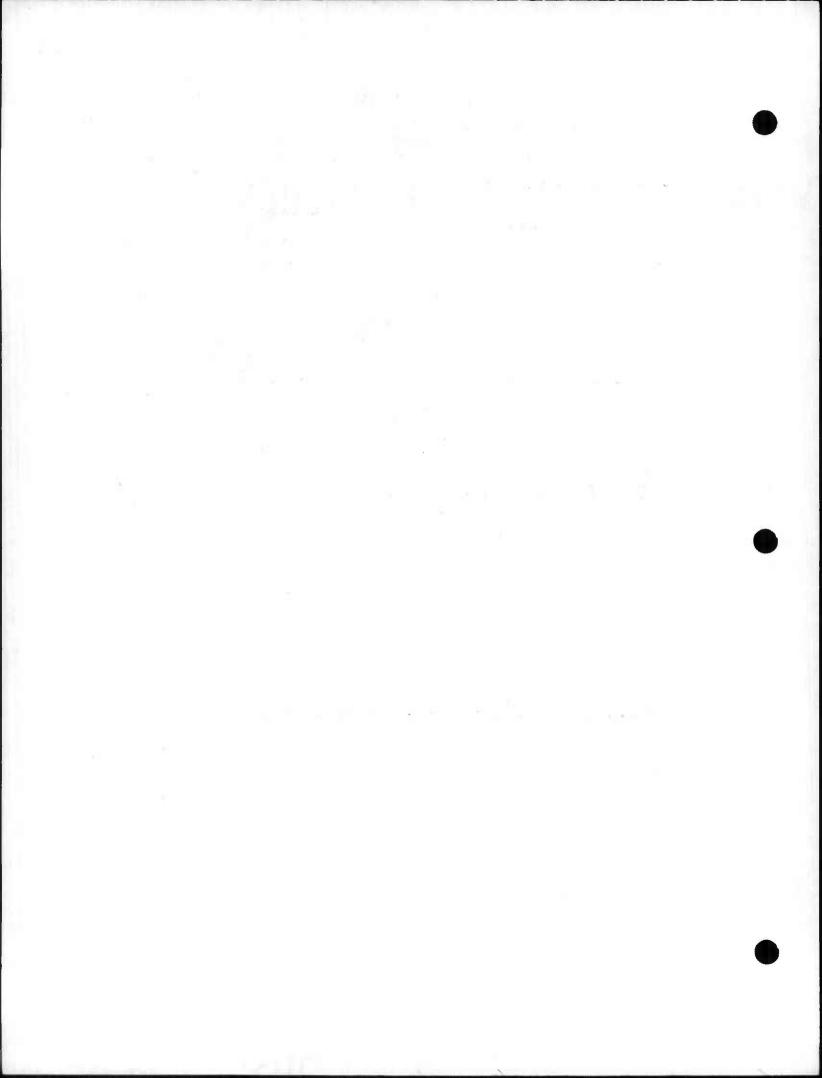
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		OIAIL	OI III	C	ERTIF	ICATE O	F DEAT			REG. NO			
1. DECEDENT'S NAME (First							. 52		2. DATE OF	DEATH			3. TIME OF DEATH
(M	ALE)	Heath	F.	SC	HWAB	Jr.			AUGU		1	94	4:55 P M
4. SOCIAL SECURITY NUMBER	BER	5. SEX		B. AGE (In yrs. I	last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAY		MU.		Day, Year)	100/	Countr	**
9e. FACILITY NAME (If not in	stitution, give	street end nun	nber)			9b, CITY, TOW	N OR LOCATIO		Augus	st I	1994 9c. COU	Mary INTY OF D	vland
Prince Geor	ge's						verly				1		George's
Maryland	10b. COUNT	ry ice Geo				Y, TOWN OR LO							10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	LITH	.ce Get	orge	5	1	Brandyw					_		1 ☐ YES 2 ☐ ¥O
10505 Cedar	ville	Rd.					101. ZIP CODE 20	613			17.7		States
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		FORCE	S? 1	EVER IN U.S. / YES 2 TROR DATES		If yes,	ECENDENT OF specify Cuber ES 2 NO	, Mexica	n, Puerto Ric		e or No	Black	— American Indian, t, White, etc.
	EDENT'S EDI y highest grad		-4 or 5+)		DECEDENT'S (Give kind of viife. Do NOT us	USUAL OCCUPI work done during se retired.)	NTION most of working	7	16b. K	IND OF BU	SINESS/IN	DUSTRY	
17. FATHER'S NAME (First, M Heath Fran		Schwal		Sr.					ME (First, Mid Stonen		Sumame)		
19a. INFORMANT'S NAME (7	Vpe/Print)				19h MAILING	ADDRESS (Stre					on Cteate 7/	n Codel	
Heath F. Sc		Sr.				Cedar							
20a. METNOD OF DISPOSIT 1	ION on 3 🗆 Ren (Specify)	novel from S	tate			of disposition		8,	DATE /4/94		ntwo		wn, State aryland
21. SIGNATURE OF FUNERA		ICENSEE	(M)	40	Pa	Bea	AND ADDRES	ns]	Funera	1 Ho	me, I	P.A.	
23. PART I. Enter the di			1WY		1/100	160	00 Ann	apo	lis Ro	l. Bo	wie N	Md. 2	0715
shock, or h iMMEDIATE CAUSE (Fir disease or condition resulting in death)	eert fallure.	a	DUE TO (OF AS A COM	IN A	6		19, 550		o or reap	Tallory 81		Approximate interval Between Onset and Death
Sequentially list conditi If any, leeding to imme- cause. Enter UNDERLY! CAUSE (Disease or Inju- that initiated evente	diete ING Iry	b	DUE TO (C	OR AS A CONS	EQUENCE OF	h a y a	X						
resulting in death) LAS	, C	d											
PART II. Other significe	ent conditio	ne contribu	ting to d	eeth but not	recuiting	in the underly	ing cause gi	iven In		4a. WAS AN PERFOI	RMED?	24b	. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATN?
i									_				1 YES 2 NO
DID TOBACC		CONTR	IBUTE	TO CA	USE OF	DEATH	YES [NC					
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPIT	AL:			OTHER:	PLACE OF DE	ATH (Ch	eck only one)				
1 YES 2 NO	·			ER/Outpatient	-	4 - Nursing N		idence		-			
	Pending Investigation	(1	Month, Day		28b. TIM	IURY	INJURY AT WORK? YES 2	NO	28d. DESC	RIBE NOW	INJURY OC	CURED	
3 Suicide 8	Could not be determined	28a. F	LACE OF	INJURY At I	home, farm,	street, factory, o	ffice			ION (Street Town, State		r or Aural F	Route Number,
						ed at the time, d							
29b. SIGNATURE AND TITLE			reis UT exa	minimion and/o	w investigatio	en, in my opinior	29c. LICE			nd place, er			(Month, Day, Year)
V ma	Ry						Zie Lice	15	3-	/	290. DAI	73/	q (
7.30.	BA	HO COMPLET	ED CAUSE	OF DEATH (IT	EM 27) (Type	Print)	9	(211	AD.	PL	m	120740
31. DATE FILED (Month, Day,	5 199		GISTRAR	S SIGNATURE	~ Rand	all	(1	1	1110	
no u v	0 100	- 1	1		- 1								

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with. hours after death. Page 6 may be retained by the hospital or attending physician, TO THE FUNEPAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

DNMH-18 Rev 1/89



		FOR
1	-	STATE
		REGISTRAF
_	_	

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

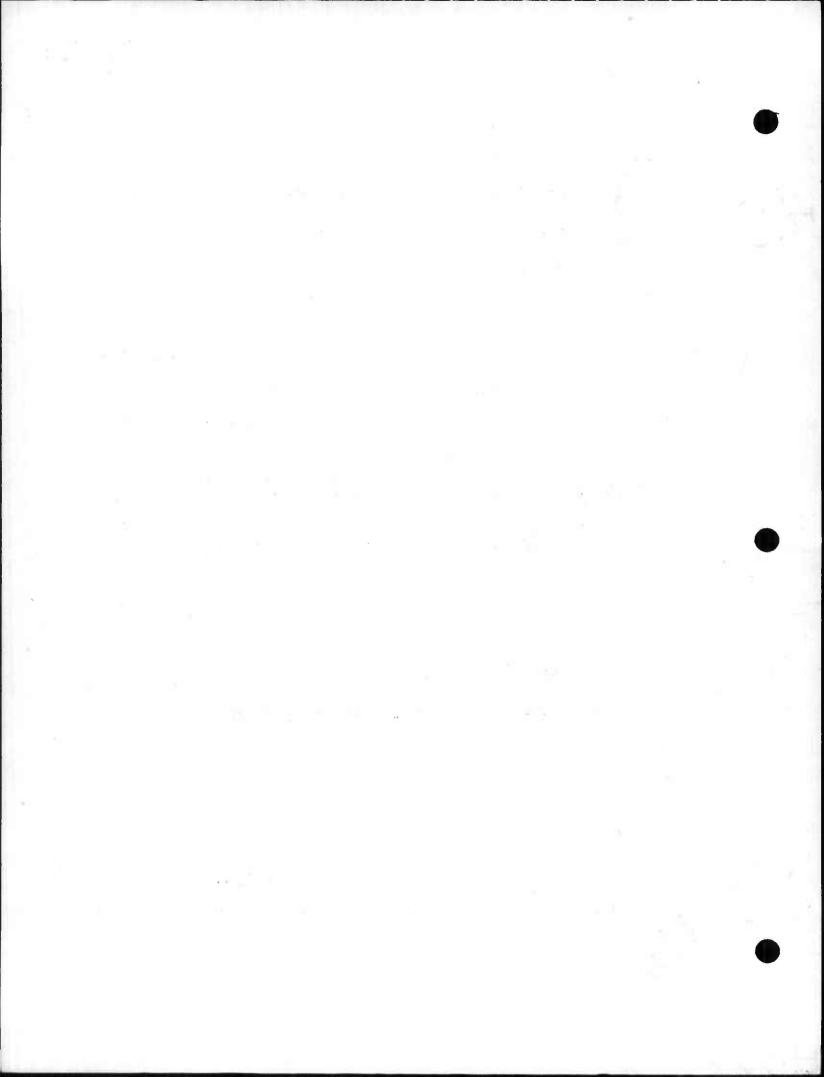
1 - STATE REGISTRAR		OIME OF THE	C				DEATH	וט ואו		REG. NO.	5		
1. DECEDENT'S NAME (First	, Middle, Last)							T	2. DATE OF	DEATH			3. TIME OF DEATH
Rut	th Vinso	n Stanf	ord						Augus	t 2.	1994	YEAR	10:45
4. SOCIAL SECURITY NUME			6. AGE (In yrs. I	ast birthday)	IF UNDER 1	YEAR	IF UNDER 24 H	_	7. DATE OF	BIRTH	177		IPLACE (State or Foreign
213-18-799	1 1	□ M 2 TYF	74	YRS.	MONTHS	DAYS	HOURS MI	IN.	3-19			Mars	yland
9s. FACILITY NAME (If not in		t end number)	7-7		9b. CITY.	TOWN O	R LOCATION C	OF DEAT		-20	9c. COU	NTY OF D	
2921 Brink:			02										
RESIDENCE OF DEC	CEDENT	Apt. Z	02		1e	mbTe	e Hill:	S			Pri	ice (George's
10e. STATE	10b. COUNTY			10c. CITY	, TOWN OF	LOCAT	ION	_					10d, INSIDE CITY LIMITS?
Maryland	Prince	George	's		Cemp1	e H	ills						1 TES 2 NO
10e. STREET AND NUMBER							ZIP CODE				10g. CITI	ZEN OF V	VHAT COUNTRY?
2921 Brink:	lev road	Apt. 20	02				20748	8		1		USA	
11. MARITAL STATUS		PORCES? 1		RMED	13. W	AS DECI	ENDENT OF HI	SPANIC	ORIGIN? (S	pecify Yes	or No-	14. RACE	E American Indian,
1 Never Merried 2 3 Wildowed 4 Divo		IF YES, GIVE WA	P OR DATES	ўио			2 NO S		Puerto Rica	n, etc.)		Speci	k, White, etc.
	EDENT'S EDUCAT		16s. D	ECEDENT'S	USUAL OC	CUPATIO	N		16b KIR	ID OF BUS	INESS/IND	HISTRY	
(Specify onl	y highest grade con		- S	Give kind of w	rork done du	uring mos	at of working		100.101	1D OI DO3	1112371112	031111	
12th	F-12)	College (1-4 or 5+)		C1	erk				Nat	17 (20002	canh-	ic Society
17. FATHER'S NAME (First, M	liddle, Last)			01	CIK		ts. MOTHER'S	S MAN				apii.	ic society
Edu	rand Day	do Stow	owt								,		
199. INFORMANT'S NAME (1		is Stewa		OF MAILING	ADDRESS	(Ctun - 1	nd Number or R		y Ann			0-73	
Linda S. Co											,	,	20772
20a. METHOD OF DISPOSIT								U					20772
1 N Buriel 2 - Cremetic	n 3 🗆 Remova	I from State	cemetery, ci	remelory or of	her place)	ION (Nar		0 -	1	20c. LOC			
4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERA		*** . /	TCedar	HILL			D ADDRESS O		-94	Su:	itlar	nd, N	Maryland
· Hease	18-1	THE D	, 11		Ge	orge	e P. Ka Oxon H	ala	s Fun				1. 20745
IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):													
PART II. Other algoritical	142	als ()	her	un			couse giver	NO		PERFORI	MED?	24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T EXAMINER?		OSPITAL:					ACE OF DEATH	(Checi	k only one)				
1 YES 2 NO		☐ Inpatient 2 ☐	ER/Outpatient	3 DOA	OTHER:		5X Reside	nce 6	Other (Sp	pecify)			
	Pending	26e. DATE OF II (Month, Day		28b. TIMI INJI		28c. INJU WOI			8d. DEŞCRI	BE HOW IN	JURY OC	CURED	
3 Suicide 6	Investigation Could not be determined	28e. PLACE OF building, at	INJURY — At h	ome, term, s	treet, tector			-	City or To	N (Street ar own, State)	nd Number	or Aurel F	Route Number,
		N: To the best of n											end menner es atated.
296. SIGNATUBE AND TITLE							29c_LICENSE			1			(Month, Day, Year)
hefress		unD					Dia	78	79		· a	un	-3, 1994
30. NAME AND ADDRESS OF	F PERSON WHO C	LE U	OF DEATH (IT	EM 27) (Type,	Print)	ST	TON)	R	LA	PRG.	0,1	is	20772
31. DATE FILED (Month, Day, AUG 0 4	1994	32. REGISTRAR	s signature	Bindale					/				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	•9	6
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the common and the retained by the hospital or attending physician.	ours after death. Page 6 may be retained by the hospital or attending physician.	L
70 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	I in by the funeral director, page 5 should be detached for use as the burial-transit nor removal.	
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	nedical examiner must be notified at once.	1

STATE	0F	MARYLAND	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	0	F DEAT	TH		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	J Sim			DEATH	2. DATE OF DEATH MONTH DAY	YEAR 1994	3. TIME OF DEATH 12:31 A. M	
	4. SOCIAL SECURITY NUMBER 577-12-1286	5. SEX 6. AGE (In	7. DATE OF BIRTH (Month, Day, Year)	DATE OF BIRTH					
OR	9e. FACILITY NAME (If not institution, give st Washington Advent			Takoma	Park	ATH	Montgo	The second second	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ON			10d. INSIDE CITY LIMITS?	
AL DI	Maryland Princ	1 ☐ YES 2½☐ NO 10g. CITIZEN OF WHAT COUNTRY?							
VER.	5732 Janice Lane	9	20748		U.S.A				
100. STREET AND NUMBER 5732 Janice Lane 101. ZIP CODE 20748 11. MARITAL STATUS 1 Never Married 2 Merried 3 M Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Divon, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:								E — American Indian, k, White, etc. White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)								
MPL	12th		Home	emaker		Own	Home		
BE CO	17. FATHER'S NAME (First, Middle, Lest) John T. Spalding					ME (First, Middle, Meiden S th Harden	Sumame)		
10 B	190. INFORMANT'S NAME (Type/Print) Mary Gray					noute Number, City or Town			
	20a METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Remo	eval from State 20b.	PLACE AND DATE OF	DISPOSITION (Na	ne of	DATE 20c. LOC	ATION — City or To		
	4 Donation 5 Other (Specify)		Cedar Hil			3/5/94 Suit	cland, Ma	aryland	
	Jearges	I Hale	1			las Funeral		Md. 20745	
23. PART I. Entar tha diseases, or complications that caused the deeth. Do not anter the mode of dying, auch as cardiec or reapiratory errest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):								Approximate Interval Between Oneat and Daeth	
MEDICAL	PART II. Other algnificant conditions	contributing to death bu	it not reaulting in	the undarlying	cause given in	Pert I. 24s, WAS AN . PERFORI	MED?	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Che	ock only one)			
Y PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	1 Dinpetient 2 ER/Outpet 28e. DATE OF INJURY (Month, Day, Year)	26b. TIME (OF 28c. INJU	JRY AT	8 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED		
TED BY	2 Accident investigation 3 Sulcida a Could not be determined	281. LOCATION (Street e. City or Town, State)	CATION (Street and Number or Rural Route Number, y or Town, State)						
COMPLETED		CIAN: To the best of my knowle						a) end manner as stated.	
TO BE	296. SIGNATURE AND/TITLE OF CERTIFIED AUGUST S. 11 12	2			10219		P 8/3	(Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO SMITH S. Ho. N	1. D 7610 G	arroll-A	ve # 28	Po Takor	na Park,	md. z	2190	
	AUG 0 4 1994	32. REGISTRAR'S SIGNA	fandall_				Ė		

0)	pit. Pages 1
gadin"	BALTIMORE, MARYLAND 21215-0020	a hours after death. Page 6 may be retained by the hospital or attending physician.	illed in by the funeral director, page 5 should be detached for use as the burial-transit per
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hospital or attending physicians	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furneral director, page 5 should be detached for use as the burial-transit permit. Pages ?

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

2

1X YES 2 NO

29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the

27. MANNER OF DEATH

55													91	1 2	24596)
	FOR 1 - STATE REGISTRAR		STATE OF M	MARYLAN	D / DEI						MEN.	TAL HYGIEN REG. NO.	E			
ŀ	1. DECEDENT'S NAME (First,	Middle, Last)										ATE OF DEATH			3. TIME OF DEAT	Ή
	RICARDO	SHANN	NON SC	RIBER	JI	₹.						JI.Y 28		994	10:38	рм
	4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (In yr	rs. last birth	day)	IF UNDER		IF UNDER		7. 0/	TE OF BIRTH		8. BIRT	NPLACE (State or Fo	reign
	214-94-8621		1 ∑ CM 2 □ F	20	YF	IS.	MONTHS	DAYS	HOURS	MIN.	4/	orith, Dey, Year) 29/1974		Mar	yland	
	9a. FACILITY NAME (If not ins	stitution, give si	treet end number)				9b. CITY,	TOWN C	R LOCATIO	ON OF DE	EATN		9c. COL	INTY OF E	DEATH	
FUNERAL DIRECTOR	1103 NALLE	Y ROA	AD		LANDOVER PRINCE						NCE	GEORGE	S			
2	10a. STATE	10b. COUNTY			10c	CITY	r, town o	R LOCAT	ION						10d. INSIDE CITY	
ō	Maryland	Princ	e George	¹S	I	an	dove	r							1 2 YES 2	NO
M	10e. STREET AND NUMBER							101	. ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?	
	1731 Village Green Drive 20785 U.S.A.															
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES AND If yee, specific cuben, Marican, Puerto Ric							IGIN? (Specify Yes	or No-		E — American India	Pri,					
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DAT												k			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work of the complete of the com							CUPATIO	ON et of weekin			16b. KIND OF BUS	SINESS/IN	DUSTRY		
91	Elementary/Secondary (0-12) College (1-4 or 5+)					OT us	e retired.)	anny mo	ot or working	v		D 1				
A P	11th grade Barber Private															
8	17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname)															
B	Ricardo Scriber, Sr. Veronica Smith 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)															
5	19a. INFORMANT'S NAME (7)															
	Veronica Yat									n Dr		Landove				
	20g METHOD OF DISPOSITION 1 Donation 5 Other	ON n 3 🗆 Reme	oval from Stata	20b. PL	y cremator	ATEO	her place	TION /Ne	me of	Ω.	/3/9			3	own, State	
	21. SIGNATURE OF FUNERAL		ENSEE ()	_ rath	iony	·ICI							iovei	, MI)	
ĺ	N 1110		-	RIM	11-		J.	B. J	enki	ns E	une	eral Hon	ne			
	- Ville	XUUG	LU.	Du	1/10	<u> Y(</u>						. / Land			D 20785	
	23. PART i. Enter the di- ehock, or he	seeses, or c	complications the	t ceueed th	e deeth.	Do n	ot enter	the mo	de of dyi	ng, suc	h as c	cardiec or respi	ratory ar	reet,	Approxime	
ļ	IMMEDIATE CAUSE (Fin		and the property of the property of												Onset and	
	disease or condition	→	. GUNSHO	OW TO	UND	OF	LE	FT	BACI	X						
ŀ			DUE TO	(OR AS A CO	NSEQUENC	E OF):									
Z	Sequentially list condition	Done T	b													
CERTIFICATION	If any, leading to immed cause. Enter UNDERLY	liete	DUE TO	(DR AS A CO	NSEQUENC	E OF	7):									
5	CAUSE (Disease or injustified events		DUE TO	(OR AS A CO	NSFOLIENC	E OF	٦٠						_		_	
Ē	resulting in deeth) LAST						į									
d																

PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i.

24s. WAS AN AUTOPSY PERFORMED? 1 X YES 2 NO

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 XYES 2 NO

LANDOVER, Md.

JULY 29,1994

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA

	28. PLA	UE OI	DEATH (C/	neck only one)			
HE Nu		5 🗆	Rasidenca	8X Other (Specify)	AT	SCEN	I
	28c. INJUI	RY AT		28d. DESCRIBE HO	W INJUR	Y OCCURED	

O.C.M.E.

7 - 28 - 199 4 2228 M 1 Netural 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)
Back Yard 3 Suicide e Could not be 4 X Homicide

SUBJECT SHOT 1 YES 2 X NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

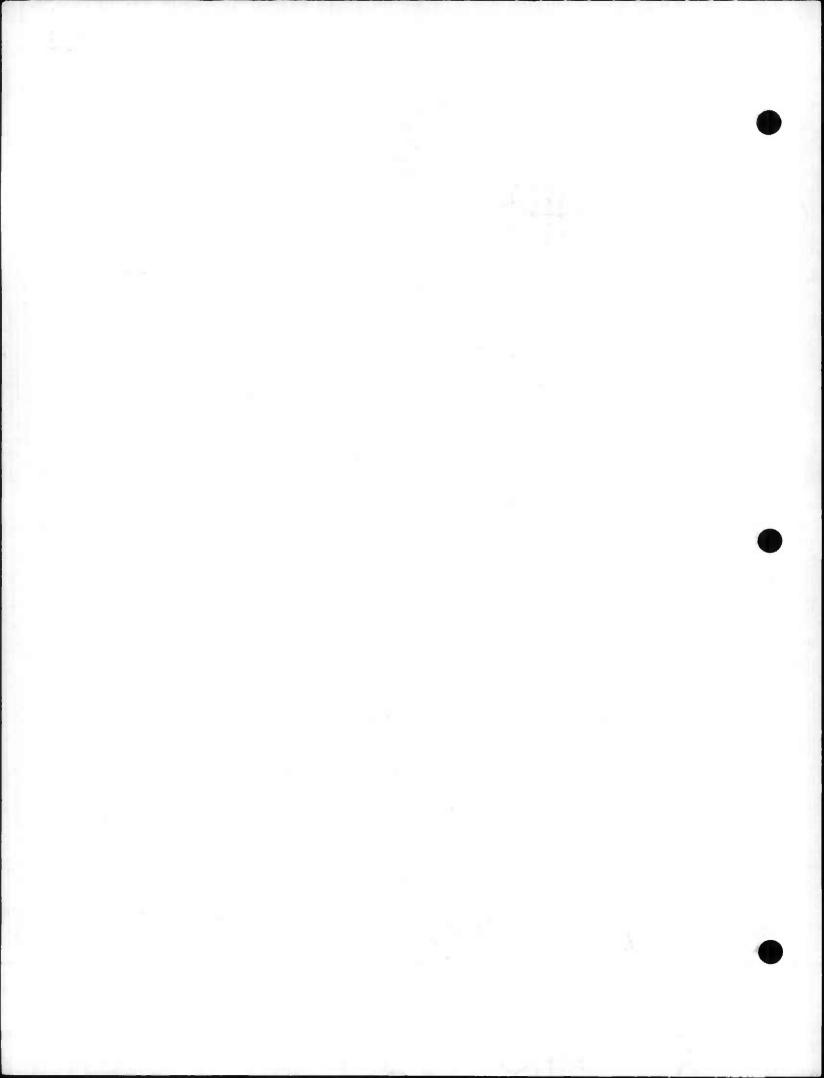
2 MEDICAL EXAMINER: On the m, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. SIGNATURE AND THE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

Donald G. Wright M.D. 111 Penn Street, Baltimore, Maryland 21201

28b. TIME OF

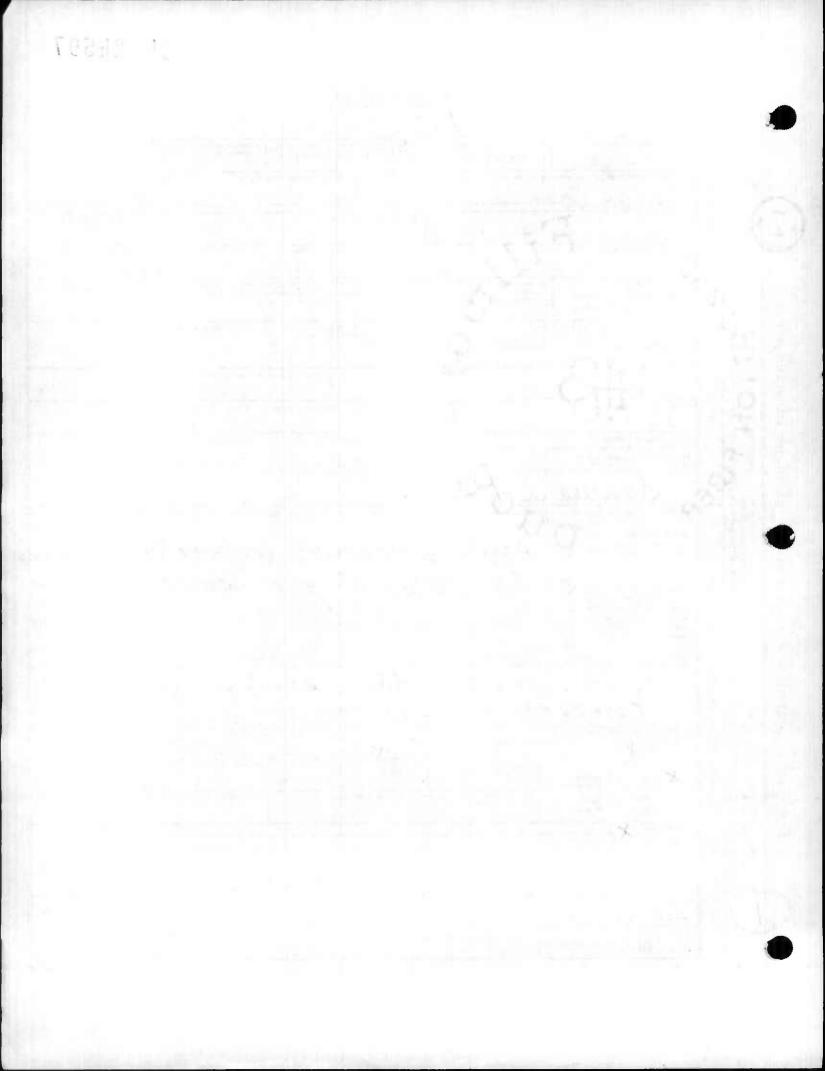
31. DATE FILED (Month, Day, Year)
AUG 0 3 32. REGISTRAR'S SHENATURE Pandale 1994



THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hos THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach for filled within 72 hours after death with the State Dept. of Health and Mental Hyghere prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	he hos	detach		once.	
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2%-flor The FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the m	urs a	in by	rem	edic	
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and complete filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, creative with the State Dept. of Health and Mental Hygiene prior to burial, creative with them 28 is marked, or item 23 shows any injury, or other traumattic even	thin 2	riely	matik	it, th	
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and color field within 12 hours after death with the State Dept. of Health and Mental Hygiene prior to burial IMPORTANT: If I tem 28 is marked, or item 23 shows any injury, or other traumatic	M P	mple	i, cre	ever	
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exported FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a fee field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to IMPORTANT: If I tem 28 is marked, or I tem 23 shows any injury, or other traum.	acute	nd co	buria	atic	
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending parties filed within 72 hours after death with the State Dept. of Health and Mental Hygien IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or oth	cate	hysic	e pric	er tr	
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de THE FUNERAL DIRECTOR: After this certificate has been signed by the a field within 72 hours after death with the State Dept. of Health and Merr IMPORTANT: If I tem 28 is marked, or Item 23 shows any injury	ath	Trend	HIE	0,	
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law required the FUNERAL DIRECTOR: After this certificate has been a feel within 72 hours after death with the State Dept. of timpORTANT: If Item 28 is marked, or item 23 shon	ires 1	Signe	fealth	K8 3	
THE HOSPITAL OR ATTENDING PHYSICIAN: The law The FUNERAL DIRECTOR: After this certificate has t fe filed within 72 hours after death with the State Dept IMPORTANT: If Item 28 is marked, or Item 23	requ	нееп	00	sho	
THE HOSPITAL OR ATTENDING PHYSICIAN: The THE FUNERAL DIRECTOR: After this certificate of field within 72 hours after death with the State IMPORTANT: If I tem 28 is marked, or Item.	WE aw	has t	Dept	23	
THE HOSPITAL OR ATTENDING PHYSICIAN THE FUNERAL DIRECTOR: After this carlif fe find within 72 hours after death with the 6 IMPORTANT: If them 28 is marked, or	Ē	cate	State	Hem	
THE HOSPITAL OR ATTENDING PHYS THE FUNERAL DIRECTOR: After this fe filed within 72 hours after death with IMPORTANT: If item 28 is marked	SICIA	certifi	the	, 07	
THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: After 6 filed within 72 hours after death IMPORTANT: If item 28 is ma	PHYS	this	with	rked	
THE HOSPITAL OR ATTENC TO THE FUNERAL DIRECTOR: 6 filed within 72 hours after (IMPORTANT: If Item 28 is	SING	After	death	ma	
TO THE HOSPITAL OR AT THE FUNERAL DIRECT 6 filed within 72 hours a IMPORTANT: If item	TEN	TOR:	ffer	28 is	1
TO THE HOSPITAL C TO THE FUNERAL D IN THE FUNERAL D IMPORTANT: If IN	IR AT	IRECT	S SIN	W.	
THE HOSPI TO THE FUNER of filed within	IAL C	AL D	72 hc	If It	
THE H THE FL fled wi	OSPI	INER	thin	INT.	3
FFEE	至坐	HE FI	w pa	ORT	1
	F	TOT	le fil	IMP	

31. DATE FILED (Month, Dey, Year)
AUG 0 3

	for 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTN			MENTAL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last)	BERTA ST	TO OL +	58		2. DATE OF DEATH	y deal	3. TIME OF DEATH	
Я	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. 1 M 2 4 84 et and number)	YRS. MO	OLIN	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Well) 2/12/1910	Count	ginia	
L DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	e George's		own on Locat			9	10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	9106 Pine View Lar	ie		101.	20735		U.S.A.	WHAT COUNTRY?	
ВҰ	11. MARITAL STATUS 1 Never Married 2 Married **XX Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2 D IF YES, GIVE WAR OR DATES	ENDENT OF HISPAI belty Cuban, Mexics 20 NO Specif	NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) y:	Blac	E.— American Indian, ik, White, etc. elly: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specily only highest grade completed) Elementary/Secondary (0-12) 10th grade 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Waitress Private								
BE	17. FATHER'S NAME (First, Middle, Lest) Robert Reynolds 19a. INFORMANT'S NAME (Type/Print)		40. 4444 110. 40	2000	Eudora	ME (First, Middle, Maiden Unknown			
5	Margaret Beach		2135 ROI			Waldorf,		10	
	20s. METHDD OF DISPOSITION 1	Chamb	CE AND DATE OF D Crematory or other DELS CL	ematory		8-5 Rive	cation - city or to erdale, 1		
9	21. SIGNATURE OF FUNERAL SERVICE LICE URWANA	L. Brax1	ton	J.B. J		GLINY Funeral Hor Rd. / Land		20785	
	23. PART I. Enter the diseases, or on shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	st only one cause on each ii	na.	antar the mod	de of dying, auc	h as cardiac or reapi	ratory arreat,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONS	7	este	ny a	i seas	re	years	
	d.	contribution to death but a	A \$41 1 41						
PHYSICIAN: MEDICAL	Phind	contributing to death but not	Cis	The Control of	Penes	Part I. 24a. WAS AN PERFOR	MED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ICIA		HOSPITAL:	Q	26. PL	ACE OF DEATH (Ch	eck only one)			
BY PHYS	27. MANNER OF DEATH Natural 5 Pending	1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 6 Residence 5 Other (Specify)							
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, term, stree	t, factory, office		28t. LOCATION (Street a City or Town, State)	ind Number or Rural i	Route Number,	
COMPLETED		AN: To the best of my knowledge, On the basis of examination and/o						a) and manner as stated.	
TO BE C	29b. SIGNATURE AND FITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	toe M	2		29c. LICENSE NUM D 153	MBER 95	29d. DATE SIGNED	(Month, Day, Year)	



FOR

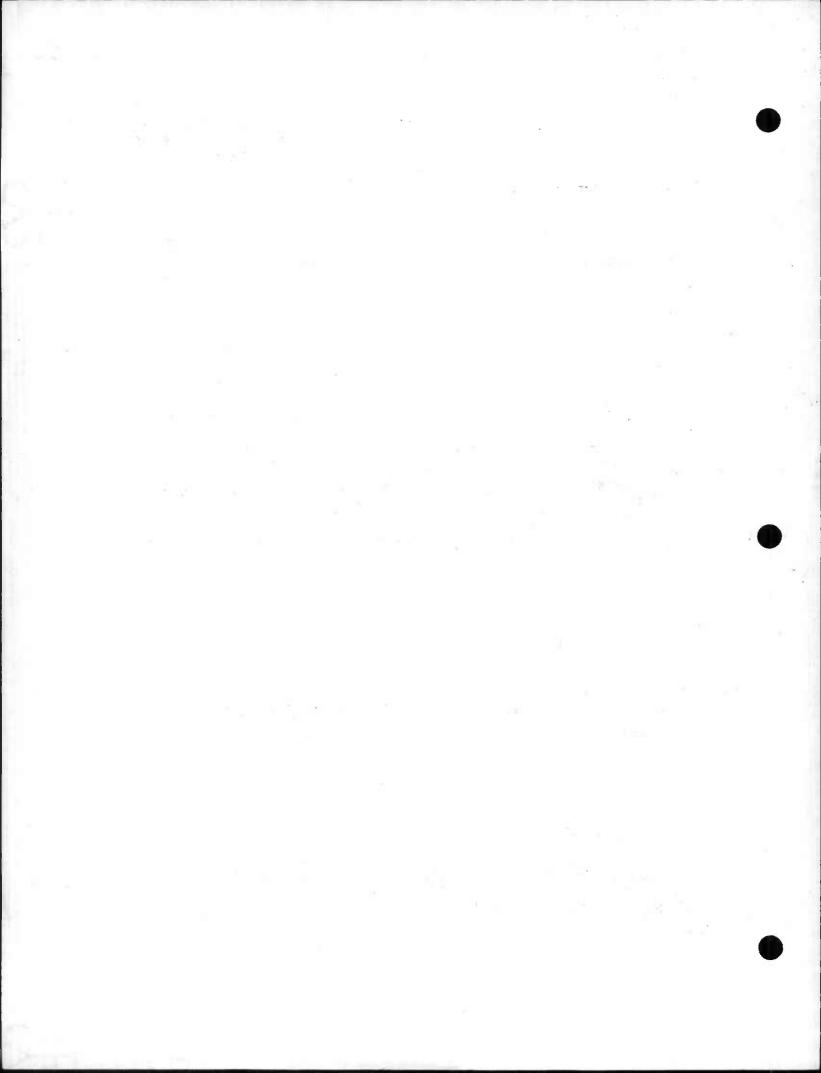
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OIMIE OF III	C			OF DEATH	MEHIAL	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O	F DEATH			3. TIME OF DEATH
		E.J.		SMIT	H		July	30,	199	14	239 W
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. le:	st birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS. YS HOURS MIN,	7. DAVE O	PERTH Day Year)	//	S. BIRTI	IPLACE (State or Foreign
	578-09-1451	1 🗆 M 2 💢 F	77	YRS.			May	9, 19	17_	Wasl	nington, DC
~	9a. FACILITY NAME (If not institution, give s				9b. CITY, TO	WN OR LOCATION OF	DEATH			JNTY OF E	
DIRECTOR	5306 Kenilworth	Avenue			Hyatt	sville			Prin	ice G	eorge's
EC	10e. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR L	OCATION					10d. INSIDE CITY
	Maryland Princ	e George'	S	Hva	ttsvil	1e					LIMITS?
	10e. STREET AND NUMBER					101. ZIP CODE	_		10g. CI	FIZEN OF	WHAT COUNTRY?
ER/	5306 Kenilworth	Avenue				20781			U.5	. A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT			13. WAS	DECENDENT OF HISPA	ANIC ORIGIN?	(Specify Yes	or No-	14. RAC	E — American Indian,
BYF	1 Never Merried 2 Merried 3 🕅 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA		NO		yes 2 NO Spec		csn, etc.)		Spec	k, White, atc.
		<u> </u>									White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		(G	live kind of	work done durin	PATION g most of working	16b. I	KIND OF BUS	SINESS/IN	DUSTRY	
ן ב	Elementary/Secondary (0-12)	College (1-4 or 5+)		. Do NOT u						D . 1	
×	2 Office Manager Automotive Dealership 17. FATHER'S NAME (First, Middle, Last)										ersnip
	17. FATHER'S NAME (First, Middle, Maiden Surname) William Stanley Justh Kate W. Colin										
BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
2	Shirley M. Scibl	.e			Stuart Road, Edgewater, Maryland 21037						1037
	20a METHOD OF DISPOSITION 1 & Burlet 2 Cremetion 3 Rem		20b. PLACE	AND DATE	OF DISPOSITIO	N (Nama of	DATE	20c. LO	CATION -	City or Tr	wyn State
- 8	1 M Burlel 2 Cremetion 3 Removel from State 4 Donation 5 Other (Specify) Fort Lincoln Cemetery 08/03/94 Brentwood, Maryland										
8	21. SIGNATURE OF FUNERAL SERVICE LIE	CENSEE	0 1		22. NAN	E AND ADDRESS OF F	ACILITY				
	Mayles 7	- BOD	01			cis Gasch					
	23. PART I. Enter the diseases, or	complications that	caused the de	eath. Do r	14/39	mode of dying au	e Ave.	, Hya	retory	rille	MD 20781
	ahock, or heart failure.	List only one caus	a on each line	Ð.		moto or aymig, ac		ac of respi	natory a	1001,	intarvai Between
	immediate cause (Final disease or condition resulting in death) Due to (of as a consequence of): Onset and Death Onset and Death Onset and Death										
	reaulting in death)	DUE TO ((ON AS A CONSE	OUENCE O	FI:	- Cara	Nya	vane	YC	ny	in year,
z		h									
일	Sequentially list conditions, if any, leading to immediate	DUE TO (C	OR AS A CONSE	OUENCE O	F):						
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury	c									
ᄩᅵ	thet initiated events	DUE TO (C	OR AS A CONSE	OUENCE O	F):						
Ы		d									
CALC	PART ii. Other aignificant condition	na contributing to d	laath but not i	resulting	in the under	lying causa given in	Part i.	24a, WAS AN		248	. WERE AUTOPSY FINDINGS
								PERFOR		1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ä							_				OF DEATH?
-	DID TOBACCO USE	CONTRIBUTE	TO CAU	SE OF	DEATH	YES T NO	0 12	^			
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				2	S. PLACE OF OEATH (C	- W-)			
ž l	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER: 4 Nursing	Home 5 Reeldencs	6 🗆 Other	(Specify)			
동	27. MANNER OF DEATH	28e. DATE OF III (Month, Day	NJURY (Year)	28b. TIM	E OF 280	. INJURY AT WORK?	28d. DE\$C	RIBE HOW I	NJURY O	CURED	
B	1 Natural 5 Pending 2 Accident Investigation		,,			YES 2 NO					
- 1	3 Suicide 8 Could not be	28e. PLACE OF building, e	INJURY — At ho tc. (Specify)	ome, farm,	street, factory,	office	28f. LOCAT	TION (Street of Town, State)	and Numbe	or Rural i	Route Number,
	4 Homicide determined										
2						date end place, and du					
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the besis of axe	mination end/or	investigatio	on, in my opinie	on, death occured at the	e time, date a	ind placa, an	d due to t	ha ceuse(a) and manner ee stated.
шΙ	296. SIGNATURE AND TITLE OF CHITTETE			_		299-LICENSE NU	MBER		29d. D#	TE SIGNED	(Month, Day, Year)
0 8	Migusto F. L	odryk	M	1		H212	130		1/4	ely.	31,1994
F	30 NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type	Print)			1			1111
Į	Tudusto F. Kidi	rigue 2/	10,50	691	aupe	mCt. C	oon	s.M	2-	207	48
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE	Rano	lack.	/	0			1	-
	AUG 0 3 199	14 7000	Chandaton,								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-trans be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTI	FICATE	OF DEATH	REG. NO.	_				
	1. DECEDENT'S NAME (First, Middle, L.	mst)				2. DATE OF DEATH		3.	TIME OF DEAT	Н	
ij	MARY MARGARET	SNYDER				JULY 20,	1994	AR	8:10	Ам	
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. last birthday	IF UNDER 1	YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLA	NCE (State or Fo	reign	
- 11	233-26-9510	1 🗆 M 2 🏋 F	72 YRS.	MONTHS	DAYS HOURS MIN.	(Month, Day, Year) AUG 21, 19	21 (Country)	VA.		
	9s. FACILITY NAME (If not institution, g	ive street and number)		9b. CITY, T	OWN OR LOCATION OF DE	9c. COUNTY					
DIRECTOR	GARRETT COUNTY M	MEMORIAL HOS	PITAL	4	LAND		GARRETT				
S	10a. STATE 10b. COL		10c. C	ITY, TOWN OR	LOCATION			100	d. INSIDE CITY	, —	
H	MARYLAND GAF	RETT	MT.	LAKE	PARK			1,1	LIMITS?	NO	
	10e. STREET AND NUMBER			-	10f. ZIP CODE		10g. CITIZEN		-		
FUNERAL	1217 YOUGHIOGHE				21550		USA				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 X NO	II y	S DECENDENT OF HISPAI ea, specify Cuban, Maxica YES 2 X NO Specify	n, Puerto Ricen, atc.)	or No.— 14.	RACE — Black, Wi Specify:	American India hite, etc.		
입	15. DECEDENT'S (Specify only highest g	EDUCATION	18s. DECEDENT	S USUAL OCC	UPATION	16b. KIND OF BUS	INESS/INDUST	RY			
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)	ing most of working						
P P		2	TELEPHO	ONE OPE	ERATOR	TELEPHO	ONE COM	MPAN	Y		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)				
BE (JAMES	LINN			BESSIE		(unkı	nown)		
2	19s. INFORMANT'S NAME (Type/Print)		19b. MAILIP	IG ADDRESS (S	Street and Number or Rural	Route Number, City or Town	n, State, Zip Coc	de)			
٦	STANLEY E. SNYI		1217		OGHENY DR.	MT. LAK	E PARK			0	
	1 to Burisi 2 Cremsilion 3 F 4 Donation 5 Other (Specify)	removal from State			L GARDENS		LAND,				
	21. SIGNATURE OF FINE ALL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY P.O. BOX 243										
	foliat) 9	Durch	M00167		JRST FUNERA	L HOME - O	AKLAND	, MD	_	0	
	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximation interval B Onset and Consequence of the condition of the conditi										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	R AS A CONSEQUENCE	OF):							
	PART II. Other significant condi	tions contributing to de	eath but not resulting	In the unde	erlying cause given in	Part I. 24s. WAS AN.			RE AUTOPSY FI		
PHYSICIAN: MEDICAL						PERFOR 1 YES 2		OF	AILABLE PRIOR MPLETION OF C DEATH? YES 2 1	CAUSE	
AN	25. WAS CASE REFERRED TO MEDICA				26 BI ACE OF PEARL (**)	ant anti-ari					
<u>S</u>	EXAMINER?	HOSPITAL:	W. CT. OV.	OTHER:	26. PLACE OF DEATH (Ch						
ΙλS	1 YES 2 NO		R/Oulpatiant 3 DOA		g Home 5 Residence					=	
급	1 Natural 5 Pending	28a. DATE OF IN (Month, Day,		ME OF 2	Bc. INJURY AT WORK?	28d. DEŞCRIBE HOW II	IJURY OCCURI	EO			
B	2 Accident Investigati				1 YES 2 NO						
	3 Suicide 6 Could not 4 Homicide detarmine	building, etc	NJURY — At home, farm c. (Specify)	, street, lactory	/, offica	281. LOCATION (Street s City or Town, State)	nd Number or F	lural Route	e Number,		
<u> </u>											
COMPLETED		HYSICIAN: To the best of my MINER: On the basis of exam						use(s) sn	nd manner as =	tated.	
8				,, эри							
BE	29b. SIGNATURE AND TITLE OF CERT	Edgin	S m1)		29c. LICENSE NUI	8] [29d. DATE SH	3NED (MO	onth, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON Jerry P. Add	who completed cause ams, M.D. 3	of DEATH (ITEM 27) (Ty) 311 N. Four	rth St	Oakland,	MD 21550			1		
1100	31. DATE FILED (Month Day, Year)	QQA 32. REGISTRAR	S SIGNATURE P	2						\neg	

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within four ster death. Plan it may be retained by the attending physician and completely filled in by the funeral different page 5 pools to execute for the activity being the attending physician and completely filled in by the funeral different page 5 pools to execute for the activity being the activity of the attending physician and office of the attending physician and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

Mary Yeu

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trope filled in by the funeral director, page 5 should be detached for use as the burial-trope filled within 72 hours after death with the State Dept. of Health and Mental Hyghere prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Carl M							2. DATE OF DEATH MONTH July 20.	7:00 P					
4. SOCIAL SECURITY NUM		SEAL 5. SEX	8. AGE (In yrs. Ia	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	1994		PLACE (State or Foreign	
234-32-775		1 ☑ M 2 □ F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) Aug. 20,	1912	Country	t Virgini	
9a. FACILITY NAME (If not in	nstitution, give i	street and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. C					9c. COU	UNTY OF DEATH		
Meadows Ea	st, Ap	ot. 10			M	t. I	ake	Park		G	arret	t	
10a. STATE	10b. COUNT	Υ		10c, CIT	Y, TOWN	OR LOCAT	TION				10d. INSIDE CITY		
MD	Gar	rett		Mt.	Lak	e Pa	ırk					LIMITS?	
10e. STREET AND NUMBER							, ZIP COD	E		10g. CIT		HAT COUNTRY?	
Meadows Ea	st Ar	nt. 10						2155	0		USA		
Meadows Ea	00, 11	12. WAS DECEDEN			13.	WAS DEC			IIC ORIGIN? (Specify	Yes or No-	14. RACE	- American indian.	
1 Never Married 2 🔀 3 Wildowed 4 Dive			MAR OR DATES	NO			ecify Cubs		n, Puerto Rican, etc.)		Specify	White, etc.	
15, DEC	15, DECEDENT'S EDUCATION (Specify only highest grade completed)					CCUPATIO	ON		16b, KIND OF E	USINESS/INC	USTRY		
Elementary/Secondary (College (1-4 or 5	Ald.	Sive kind of v a. Do NOT us	se retired.)	auring mo	St OF WORKI	ng .					
6th				Main	tena	ncen	nan		Poult	ry Pr	ocess	sing	
17. FATHER'S NAME (First, A	fiddle, Last)						16. MOT	HER'S NA	ME (First, Middle, Meld				
Daniel	Webst	er S	eal	Minta						_	Beec	hlev	
19a. INFORMANT'S NAME (19	Minta Beeghley 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code)											
Eva K. Sea									, Mt. Lak			(D 21550	
20a. METHOD OF DISPOSIT	TON							. 10	DATE 20c.				
1 X Burial 2 Cremetic	cemetery, cr	v. crematory or other place!								500			
4 Donation 5 Other (Specify) Accident Cemetery 7/23 Horseshoe Run 21. SIGNATURE OF FUNERAL SERVICE LICENSEE										ii, west v			
1 0			Stewart Funeral Home										
The Disco	Uly M	- Willes	N.			32	S. Se	econo	d St., Oa	kland,	MD	21550	
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								Years					
resulting in deeth) LAST d													
	nt condition	na contributing to	deeth but not	reaulting	In the u	nderiyin	g cause	given in					
	nt condition	d	deeth but not	reaulting	In the u	nderlyln	g cause	given in	PERF	AN AUTOPSY ORMED? 2 MO		WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PART II. Other algorifica		d	deeth but not	resulting	In the u				PERF	ORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PART II. Other signification of the signification of the signification of the significant		HOSPITAL:			OTHE	26. PI	LACE OF D	EATN (Ch	PERF 1 VES	ORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PART II. Other signification of the signification of the signification of the signification of the signification of the signification of the significant of the signi		HOSPITAL:	□ ER/Outpetlant	3 🗆 DOA	OTHE	26. Pi R: sing Horr	LACE OF D	EATN (Ch	PERF 1 VES ack only one) 6 Other (Specify)	ORMED? 2 ☑ NO		AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
PART II. Other signification of the signification of the signification of the signification of the signification of the signification of the significant of the signi		HOSPITAL: 1 inpetient 2 26a. DATE Of (Month, L	ER/Outpatient FINJURY Jay, Year)	3 DOA	OTHE 4 Nu IE OF JURY M	26. PI R: naing Hom 26c. INJ WC	LACE OF D	EATN (Che	PERF 1 VES	ORMED? 2 ☑ NO		AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 O	TO MEDICAL	HOSPITAL: 1 Inputient 2 26e. DATE OI (Month, L) 28e. PLACE C	☐ ER/Outpetient	3 DOA	OTHE 4 Nu IE OF JURY M	26. PI R: naing Hom 26c. INJ WC	LACE OF D	EATN (Che	PERF 1 VES ack only one) 6 Other (Specify)	ORMED? 2 NO VINJURY OC	CURED	AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO	
PART II. Other aignification of the part o	Pending Investigation Could not be determined	HOSPITAL: 1 Inpatient 2 28e. DATE OI (Month, I) 28e. PLACE (building)	ER/Outpatient FINJURY Pay, Year) OF INJURY — All h. etc. (Specify) If my knowledge, d.	3 DOA 28b. TIM INJ ome, farm, i	OTHE 4 Nuite OF JURY M	26. Pt R: sing Horr 26c. INJ WC 1 tory, office	LACE OF D 10 5 M Ri BURY AT PRK? YES 2 [NO NO	PERF 1 YES ack only one) 6 Other (Specify) 28d, DESCRIBE NON City or Town, State to the cause(a) and re	ORMED? 2 M NO WINJURY OC et and Number te)	CURED or Rural Ru	AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO	
PART II. Other aignification of the part o	Pending Investigation Could not be determined	HOSPITAL: 1 Inpatient 2 26a. DATE Of (Month, I. 28a. PLACE C building	ER/Outpatient FINJURY Pay, Year) OF INJURY — All h. etc. (Specify) If my knowledge, d.	3 DOA 28b. TIM INJ ome, farm, i	OTHE 4 Nuite OF JURY M	26. Pt R: sing Horr 26c. INJ WC 1 tory, office	LACE OF D	NO NO	PERF 1 YES Bock only one) 6 Other (Specify) 28d. DESCRIBE NOV 28f. LOCATION (Streen City or Town, State) to the cause(a) and ritime, data and place,	ORMED? 2 NO VINJURY OC et and Number te)	CURED or Rural Ruted.	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
PART II. Other algnification in the second s	Pending Investigation Could not be determined	HOSPITAL: 1 Inpatient 2 26a. DATE Of (Month, I. 28a. PLACE C building	ER/Outpatient FINJURY Pay, Year) OF INJURY — All h. etc. (Specify) If my knowledge, d.	3 DOA 28b. TIM INJ ome, farm, i	OTHE 4 Nuite OF JURY M	26. Pt R: sing Horr 26c. INJ WC 1 tory, office	LACE OF D	EATN (Chasidence	PERF 1 YES ack only one) 6 Other (Specify) 26d. DESCRIBE NON 26f. LOCATION (Street, Steel) to the cause(a) and r time, data and place, 48ER	ORMED? 2 NO VINJURY OC et and Number te)	CURED or Rural Ru ted. ne cause(a) E SIGNED	AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH! 1 YES 2 NO Dutte Number, and manner as stated (Month, Day, Year)	
PART II. Other algnification of the second o	Pending Investigation Could not be determined	HOSPITAL: 1 Inputlent 2 28e. DATE OI (Month, I building) 38CIAN: To the best of a part of the series of a part of the best of a part of the best of a part of the best of a part of the best of a part of the best of a part of the best of a part of the best of a part of the best of a part of the best of a part of the best of a part of the best of the	ER/Outpatient F INJURY Dey, Year) OF INJURY — All h , etc. (Specify) If my knowledge, d examination and/or	3 DOA 28b. TIM INJ orne, ferm, i	OTHE 4 Number of	26. Pt R: sing Horr 26c. INJ WC 1 tory, office	LACE OF D	NO NO NO NO NO NO NO NO NO NO NO NO NO N	PERF 1 YES ack only one) 6 Other (Specify) 26d. DESCRIBE NON 26f. LOCATION (Street, Steel) to the cause(a) and r time, data and place, 48ER	ORMED? 2 NO VINJURY OC et and Number te)	CURED or Rural Ru ted. ne cause(a) E SIGNED	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH! 1 YES 2 NO	
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 OF Accident 3 Suicide 6 OF Homicide 29b. CERTIFIER (Check only one) 2 MED 29b. SIGNATURE AND VITCH	Pending Investigation Could not be determined TIFYING PHYS HICAL EXAMINI FOR CERTIFIE	HOSPITAL: 1 Inpatient 2 28e. DATE Of (Month, E) 28e. PLACE (building) BICIAN: To the best of a	ER/Outpetient F INJURY Play, Yber) OF INJURY — All h etc. (Specify) If my knowledge, d examination and/or	3 DOA 28b. TIM INJ ome, farm, i	OTHE 4 Number of	26. Pt R: sing Hom 26c. INJ wo 1 U tory, offic time, data	LACE OF D 10 5 M Ri 10 Filtry AT 10 PR 1	NO NO NO NO NO NO NO NO NO NO NO NO NO N	PERF 1 YES ack only one) 6 Other (Specify) 28d. DESCRIBE NON City or Town, Sta to the cause(a) and retime, data and place, RBER 154	ORMED? 2 ☑ NO WINJURY OC et and Number te) nanner ea stat and due to tit	CURED or Rural Red. ne cause(a) 7 / 2	AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH'S 1 TO YES 2 NO NOTICE Number, and manner as states (Month, Day, Year) 2 / 94	



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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for		IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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是	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova	E
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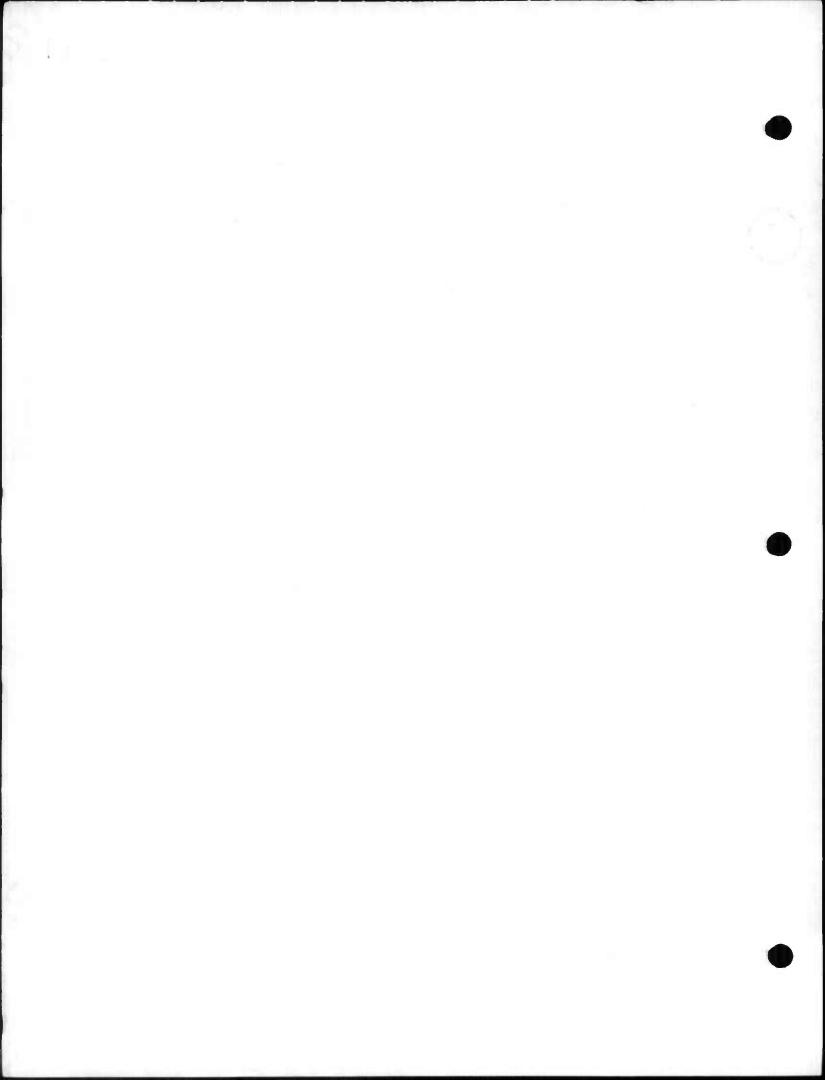
Walter K. Naumann, M.D.,

31. DATE FILED (Month, Day, Year) AUG 0 1 1994

AZ REGISTRARIS SIGNATURE

												2	-7	L 7001
	FOR 1 STATE		STATE OF I							MENTA	L HYGIEN	E		
	REGISTRAR				CERTIF	ICAT	E OF	DEAT	ГН		REG. NO			
	DECEDENT'S NAME (First	, Middle, Last)								2. DATE	E OF DEATH	AY	YEAR 3	3. TIME OF DEATH
		Agne	es Mae	Shelli	to					July				9:30 P M
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs	lest birthday)		R 1 YEAR	IF UNDER			OF BIRTH th, Day, Year)		8. BIRTHPI Country)	LACE (State or Foreign
	204-50-3342		1 🗆 M 2 🔀 F	65	YRS.	MONTHS	DAYS	HOURS	MIN.		5/1928		Mary	
	9s. FACILITY NAME (# not in	stitution, give s	street and number)			9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH			
O.	Cuppett-Weel	s Nurs	sing HOme	1		Oal	cland	3				Garr	ott	
5	RESIDENCE OF DEC	CEDENT										Gall	ecc	
DIRECTOR	710	10b. COUNT			10c. CIT	Y, TOWN	OR LOCAT	TION					1	Od. INSIDE CITY LIMITS?
	Maryland	Garre	ett		Fri	ends	svill	.e					1	YES 2 NO
FUNERAL	10e. STREET AND NUMBER						101	ZIP CODI	E			10g. CITIZ	EN OF WH	AT COUNTRY?
	Route 1, Box	179:	Sand Spr	ina Ro	ad			2153	1			IISA		
ן הַ	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	ARMED	13	. WAS OEC	ENDENT O	F HISPAN	IIC ORIGI	N? (Specify Yes			- American Indian, White, etc.
84	1 Never Married 2 3 Wildowed 4 Dive		IF YES, GIVE Y	MAR OR DATES	XIII			2 NO			Rican, etc.)		Specify:	wnna, etc.
	11		1										White	e
TED	15. DEC (Specify onl	EDENT'S EDU y highest grade	CATION completed)	18a.	Give kind of	work done	dudag ma	ON st of workin	107	16	b. KIND OF BU	SINESS/INOL	ISTRY	
=	Elementary/Secondary (0)-12)	College (1-4 or 5		ille Do NOT u)							
COMPLET				Н	omemal	er					wn Hom	ne		
8	17. FATHER'S NAME (First, M							18. MOTH	HER'S NA	ME (First,	Middle, Malden	Sumame)		
BE	James Fearer Dessie Schrover													
ဥ	19a. INFORMANT'S NAME (7				19b. MAILING	ADDRES	SS (Street a	nd Number	or Rural F	Route Nun	nber, City or Tow	n, State, Zip (Code)	
-	Shirley M. Friend P.O. Box 285; Accident, Maryland 21520													
	20a, METHOD OF DISPOSIT		oval from State	20b. PLA	CE AND DATE	OF DISPO	SITION (Na			DAT		CATION - C		ı, Stata
	4 Donation 5 Other	(Specify)		Sand	Sprin	CI CE	" emete	rv		8/3	/ Frie	ndsvi	110.	MD
0. 77	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE			22	NAME A	D ADDRES		CILITY				
	Newman Funeral Homes, P.A.													
	Grantsville, Maryland 21536													
	interval Between													
	IMMEDIATE CAUSE (Final											Onset and Death		
	Renal Failure DUE TO (OR AS A CONSEQUENCE OF):										1 week			
2.5				Cancer			inar	v bla	adde	r				2 years
ERTIFICATION	Sequentially list conditi	Dns,	b	(OR AS A CON				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						2 years
ATI	if any, leading to immed cause. Enter UNDERLYI	diate NG	DOE 10	(OR AS A CON	SECUENCE O	r):								
윤	CAUSE (Disease or Inju		c. DUE TO	(OR AS A CON	SECUENCE O	D.								-
Ē	resulting in desth) LAS	т	-32.13	(31171071 0011	02002102	,								
E			d											-
	PART ii. Other significa	nt condition	s contributing to	deeth but no	ot resulting	n the u	nderlying	cause g	lven in	Part I.	24a, WAS AN			ERE AUTOPSY FINDINGS
Š											PERFOR		0	WAILABLE PRIOR TO OMPLETION OF CAUSE
빌											1 1 123 2	77 NO		F DEATH?
	-												'	☐ YES 2 ☐ NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO	O MEDICAL					26 PI	ACE OF DI	EATH (Ch	ock only o	ne)			
잃	EXAMINER?		HOSPITAL:	ED/Outsetles		QTHE	R:							
ž	27. MANNER OF DEATH		28a, DATE OF		28b. TIM		28c, INJ	o 5 Re	aldenca					
	1 📉 Netural 5 🗌	Pending	(Month, D	my, Year)		URY	WO	RK?		28G. DE	SCRIBE HOW I	NJURY OCCI	IRED	
B		Investigation	200 DI ACE O	E IN HERY A	Danie de la constant			'ES 2 _	NO					
		Could not be	building,	F INJURY — At etc. (Specify)	nome, rarm, s	Rreet, fac	nory, office	•	- 1	28f. LOC	Or Town, State)	and Number o	r Rumi Rou	rte Number,
ы	no operation													
COMPLET	29a. CERTIFIER (Check only one)	IFYING PHYSI	CIAN: To the best of	my knowledge,	death occurr	d at the	time, data	and placa,	and dua	to the ca	use(a) and mer	mer sa state	1.	
ő	2 MEDI	CAL EXAMINE	R: On the beals of a	camination and/	or investigation	n, In my	opinion, d	eath occur	ed at the	time, date	and place, an	d due to the	cause(s) a	nd manner as stated.
ш	29b. SIGNATURE AND THE	OF CERTIFIE	71		.1/	1		29c. LICE						fonth, Day, Year)
8	11/11/11	0000	Jann	2	- W	7		D2.	5759					1, 1994
2	30. NAME AND ADDRESS OF	DEBCON WH	O COMPLETED CALL	E OF DEATH #	TEM AT AT	0.1.4								

PO Box 247, Accident MD 21520



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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Jerec Jerec	if death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	to marked on them 30 absence and taken to able to the same and the sam
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									<i>)</i> 4	24002
	1 - STATE REGISTRAR	STATE OF MARYLAND	DEPART	CATE C	HEALTH A	ND MENT	AL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) ELOISE W.	SHAFFER				2. DA	TE OF DEATH	^ 1994	YEAR 3	TIME OF DEATH 11:00 A.M
	1 219-03-9275	5. SEX 6. AGE (In yrs. la		IF UNDER 1 YES		HRS. 7, DAT	TE OF BIRTH	.908	County	ACE (State or Foreign
N N	96. FACILITY NAME (If not institution, give stree 13449 McMullen H:	ighway			n or Location erland	OF DEATH			ry of DEA	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LO	CATION					Dd. INSIDE CITY
	MD Alleg	-	Cur	nberla	nd					YES 2 NO
FUNERAL	13449 McMullen Hi	Lghway			21502			109 CITIZ	EN OF WHA	AT COUNTRY?
BY FUR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES	RMED NO	If yes	DECENDENT OF H , specify Cuban, N YES 2 NO	fexican, Puert	GIN? (Specify Yes o Ricen, etc.)	or No-	I4. RACE — Black, V Specify:	- American Indian, White, etc.
	15. DECEDENT'S EDUCAT		CEDENT'S L	SUAL OCCUP	ATION		6b. KIND OF BU	SIMESS/INOLI		hite
COMPLETED	(Specify only highest grade con Elementary/Secondary (0-12)	mpleted) (G	live kind of wo . Do NOT use	ork done during	most of working		oc. Kind of Bo.	SINESS/INCO	DIN!	
OMP	17. FATHER'S NAME (First, Middle, Lest)	4 T	<u>'eache</u>	r	10 MOTHER	I'S NAME (SI-	School, Maiden			
BE C		ner Sr					s, miodie, maiden Susan Ki		nan	
9	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING	ADDRESS (Stre	et and Number or i					
	Edward W Shaffer	20h BLACE		McMill	en Hwy:					
	1 A Burtal 2 Cremation 3 Remova	I from State cemetery, cre	matory or oth			8/		mberl		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE /	/	22. NAMI	AND ADDRESS	OF FACILITY		IIIOEL I	allu,	MD
	Scarpelli Funeral Home									
	23. PART I Entar tha diseases, or con shock, or haart failure. Lis	it only one cause on each line	ath. Do no	ot anter tha	moda of dying,	such as ca	rdiac or respi	ratory srre	st,	Approximats Interval Between
	IMMEDIATE CAUSE (Finsi disesse or condition	Hypertensiv	e Can	diovas	cular H	eart [)i sease			Onset and Death
	resulting in desth) s	OUE TO (OR AS A CONSE								-
ON	Sequentially list conditions, b.	DUE TO (OR AS A CONSE	OUENCE OF						-	
CERTIFICATION	if sny, lasding to immediata cause. Enter UNDERLYING	DOE TO (ON AS A CONSE	DUENCE OF	:						
Ē	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSE	DUENCE OF)							
CEH	d									
¥	PART II. Other significant conditions of Senile Dementia	contributing to death but not r	asuiting in	tha underly	ring causa give	n in Part i.	24s. WAS AN PERFOR			ERE AUTOPSY FINDINGS
EDIC	Seittle Delleficta						1 TYES 2	NO	CC	OMPLETION OF CAUSE F DEATH?
PHYSICIAN: MEDICAL									1	YES 2 NO
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			PLACE OF OEATI	H (Check only	one)			
IXSI		☐ Inpatient 2 ☐ ER/Outpetient 3	□ DOA	OTHER:		ence 6 🗆 Ott				
ВУ Р	1 Natural 5 Pending Investigation	(Month, Day, Year)	M 1 TYES 2 NO						REO	
ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ma, farm, str	reet, tactory, o	ffica .		CATION (Street a by or Town, State)	ind Number or	Rural Rout	e Number,
COMPLETED		N: To the best of my knowledge, de								nd manner sa stated.
BE	290. SIGNATURE AND TITLE OF CENTRIES	/			29c. LICENSE D0915				SIGNED (M	onth, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF OEATH (ITE	M 27) (Type, F	Print)					1/ 24	
	Dr. Paul Snow, Dpty Med Ex; 124 W 3rd Street; Cumberland, MD 21502									

32. REGISTRARS SIGNATURE

AUG 0 8 1994

1	•	FOR STATE REGISTRAR
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIM	E OF DEATH										
	MARY CATHERINE STEINER AUGUST 3,1994 5	:45 A.M										
	4 SOCIAL SECURITY NUMBER 5 SEY 8 AGE (In um lost bloth day) 15 INDER A VEND A DATE OF DATE OF DATE	State or Foreign										
	214-05-4350 1 M 2 X F 85 YRS. MONTHS DAYS HOURS MIN. DEC. 23,1908 MARY	AND										
	80. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH											
ä												
DIRECTOR	RESIDENCE OF DECEDENT											
뿐	The state of the s	ISIDE CITY MITS?										
		ES 2 NO										
₹ I	10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT CO	DUNTRY?										
9	313 SCHLEY STREET 21502 U.S.A.											
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— Black, White Black, White	rican Indian,										
B	3 X Widowed 4 Divorced IF YES, GIYE WAR OR DATES 1 YES 2 X NO Specify: W											
60		116										
	(Specify only highest grade completed) (Give kind of work done during most of working											
7	UNKNOWN OFFICE WORKER COLUMBIA GAS OF	M D										
COMPLET	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)	10										
0	MILLARD P. STEELE ELIZABETH MINKE											
BE C	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	-										
2	ELIZABETH PAYE 11 N. JOHNSON STREET, CUMBERLAND, M.	2150										
	20e METHOD OF DISPOSITION											
	1 N Burtel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 200. Location City or Town, State 5 PAUL CEM. 8 PAUL CEM. 8	MD										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	GEORGE-UPCHURCH FUNERAL HOME, 202 GREENE ST., CUMBERLAND, MD	P.A.										
	23 PART I Enter the diseases or confellentions that any data to the											
	enock, or neert reture. List only one ceuse on eech line.	pproximate nterval Between Inset and Death										
	disease or condition											
	DUE TO (OR AS A CONSEQUENCE OF):	20 years										
~												
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
8	ceuse. Enter UNDERLYING CAUSE (Disease or Injury											
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
E	resulting in death) LAST											
2	PART II. Other significent conditions contributing to death but not regulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE A	UTOPSY FINOINGS										
PHYSICIAN: MEDICAL	PERFORMED? AMALAI	PLE PRIOR TO										
8	1 YES 2 X NO OF DEA	TH?										
Σ	1 V	ES 2 NO										
A	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
잃	EXAMINER? 1 YES 2 NO											
Ĕ	27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED											
	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?											
BY	2 Accident investigation	mber										
	3 Suicide 8 Could not be 4 Homicide determined 220. LOCATION (Street and Number or Rural Route Number of Rural	noor,										
COMPLETED	290. CERTIFIER AND CERTIFICIAL TO A STATE OF THE STATE OF											
₹ I	(Check only one) 296. CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end piece, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the best of exemination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(e) end menner ee stated.	1000000										
	30. SIGNATURE AND TITLE OF OFFICERS											
띪	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER D12532 AUG. 4.											
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D12532 ► Aug. 4, 1	1334										
	George Breza, M.D 912 Seton Dr., Cumberland, MD 21502											
	31. DATE FILED (Month, Day, Year) J.32. REGISTRAR'S SIGNATURE											
- 1	31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNADURE ALLIC O A 1004											



DHMH-16 Rev 1/89

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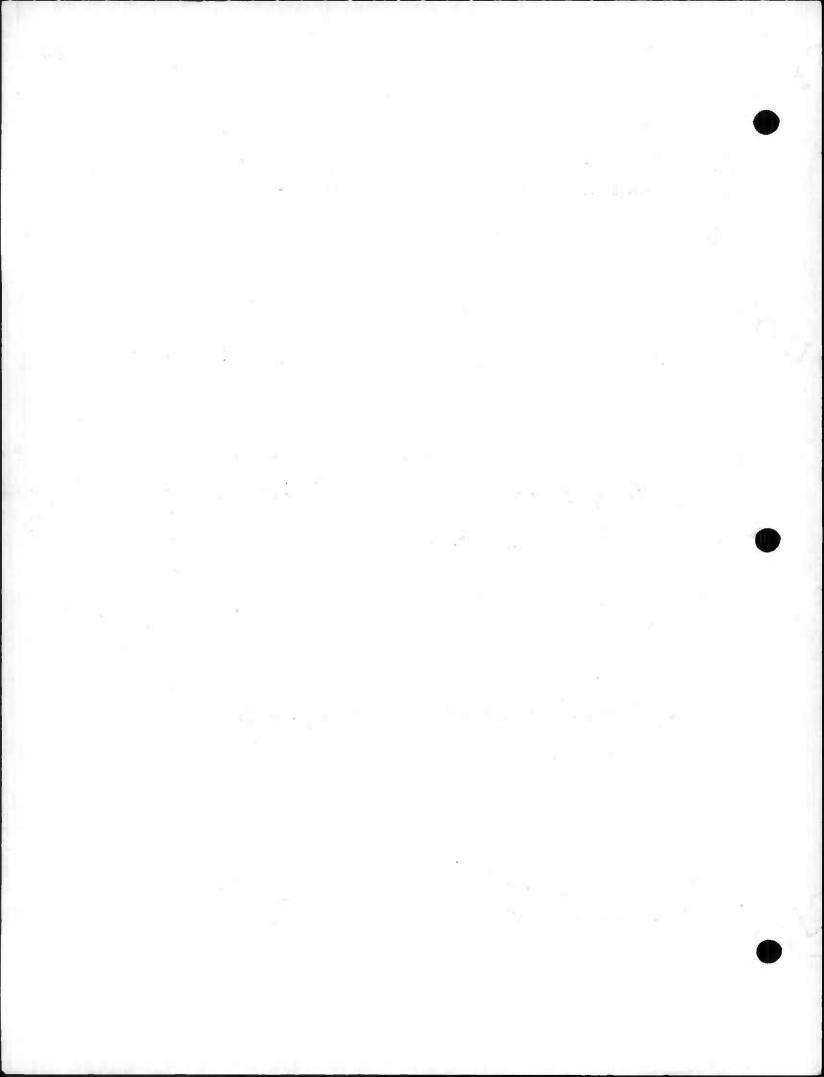
BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

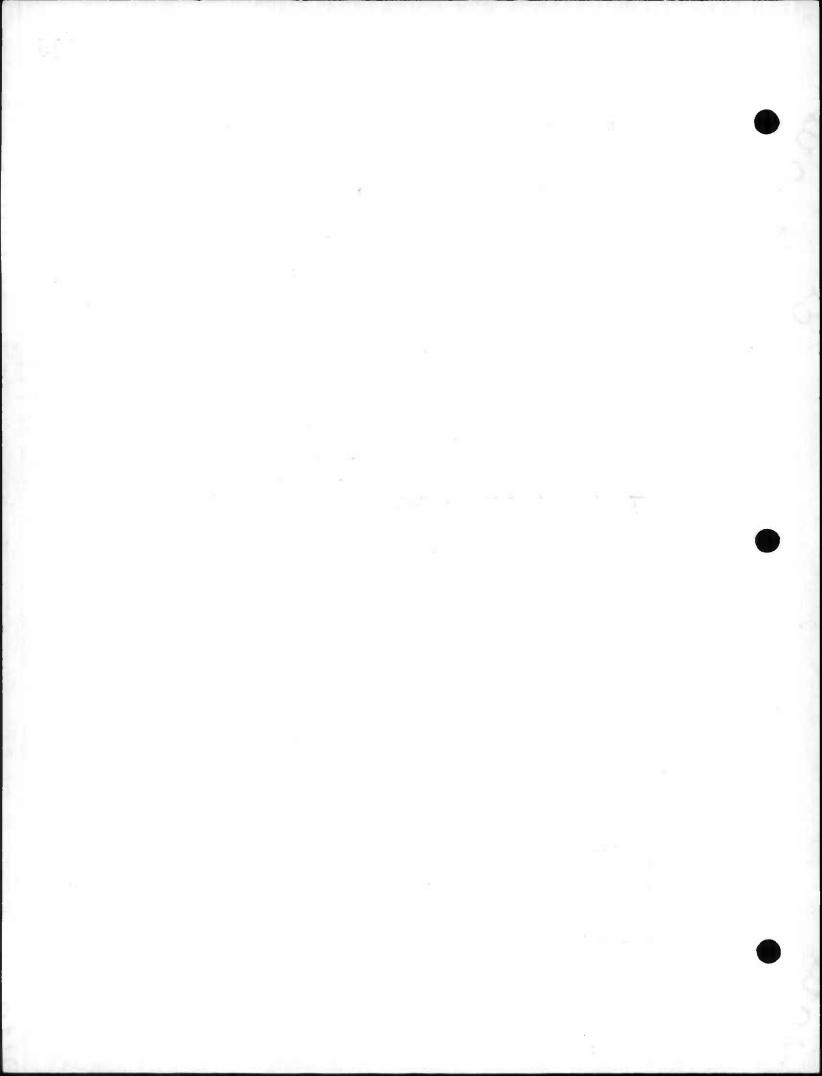
1	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.														
	1. DECEDENT'S NAME LESTER		JOSEPH			S	IBLE	Y	MO	TE OF DEATH		EAR	14:32	тн ТР м	
ı	4. SOCIAL SECURITY	NUMBER	5. SEX	6. AGE (in yrs. les	st birthday)	IF UNDER		IF UNDER 24 HRS.	7. DA	TE OF BIRTH	8. BIRTNPLACE (State or Foreign				
	219 03 9630 1 M 2 F 71 YRS. MONTHS DAYS HOURS MIN. FE								MARYLAND						
	SACRED H	EART HOS				96. CITY		BERLAND	EATN		9c. COUNTY	OF DEAT			
F	RESIDENCE OF	10b, COUNT	v		I san CIT	Y, TOWN (OR LOCAT	ION							
	MARYLAN	100000000000000000000000000000000000000	RLA						M. INSIDE CITY LIMITS? X YES 2						
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUN										T COUNTRY?					
506 PEARRE AVENUE 21502 U.S.A.															
1 Never Married 2 Merried FORCES? 1 M YES 2 NO If yea, specify Cuban, Mexican, Puerlo Rican, etc.)										WHIT					
ı	15 (Spec	5. DECEDENT'S EDU	CATION completed)	/G	CEDENT'S	work done	CCUPATIO	N st of working		ISD. KIND OF BUS		TRY			
	Elementary/Second	dery (0-12)	College (1-4 or 5+	life	PRIN	se retired.)		•		NEWSPA TIMES/		ANI	ΑN		
ı	17. FATHER'S NAME (F	irst, Middle, Last)						18. MOTNER'S NA							
L		JOHN S	IBLEY					CLARA							
	BETTY L	AME (Type/Print) LEE SIBI	_ E Y	19				AVENUE					2150	2	
I	20e. METNOD OF DISI	emetion 3 🗆 Rem	oval from State	20b. PLACE cemetery, cre	ANDDATE	OF DISPOS	SITION /Na	me of	D	ATE 20c. LO	CATION — CIT	y or Town	, State		
ŀ	4 Donation 5 D		CENSEE	IMSVC	<u>- ROC</u>			D ADDRESS OF FA	8/9	94 FL	INTS	TONE	, MD		
	- Nten	14/9.	Upchen	ch		G 2	EOR (GE-UPCH GREENE	URC ST.	CUMBE	RIAN	D. MI	P.A	1.	
ŀ	23. PART i. Enter i	the diseases, or o	complications that List only one ceur	caused the de	ath. Do r	ot enter	the mo	de of dying, suc	h an c	ardiec or reapi	ratory arres	t,	Approxim	ate	
	IMMEDIATE CAUSI disease or conditi resulting in death)	E (Final	Respi	RATE2	Azs.	2757							Onset and		
			DUE TO (OR AS A CONSE	DUENCE O	F):									
	Sequentially list of if any, leeding to I cause. Enter UNDI	mmediate	DUE TO (OR AS A CONSE	OUENCE OI	F):									
ı	CAUSE (Disease of that initiated even	r injury	c. DUE TO (OR AS A CONSE	OUENCE OF	F):		·							
	resulting in death)					,							j		
			a,												
	PART II. Other-elg	nificant condition	secontributing to	teath but not i	reaulting	in the ur	nderlying	ceuse given in	Part I.	24a. WAS AN PERFOR	MED?	CC	ERE AUTOPSY FI RILABLE PRIOR OMPLETION OF (то	
	Encept	ALODAT	the										DEATH?	NO	
			CONTRIBUTE	TO CAUS	SE OF	DEAT	'H YI	S D NO	N						
İ	25. WAS CASE REFERI EXAMINER? 1 YES 2 N		HOSPITAL:			OTHE	R:	ACE OF DEATN (Ch							
	27. MANNER OF DEAT		1 Inpatient 2 28e. DATE OF I		28b. TIM		aing Home	5 Residence		ther (Specify) DESCRIBE NOW II	HIRV OCCUE	250			
	1 Natural 2 Accident	5 Pending Investigation	(Month, Da	y, Ybar)	INJ	URY M	WO								
	3 Suicide 4 Homicide	6 Could not be determined	28e. PLACE OF building, e	INJURY — At ho tc. (Specify)	rme, farm, s	street, fect	ory, office		26f. L	OCATION (Street a ity or Town, State)	nd Number or	Rural Rout	e Number,		
	290. CERTIFIER (Check only	CERTIFYING PHYSI	CIAN: To the best of r	my knowledge, de	ath occurre	ed at the I	lme, date	end place, and due	to the	cause(e) end men	ner as stated.				
L			R: On the beele of ex	mination epd/or	Investigatio	n, in my c	opinion, de	eath occured at the	time, d	ste end place, en	d due to the c	euse(e) er	nd menner aa s	tated.	
	29b. SIGNATURE AND	TITLE OF CERTIFIE	Comment ()	John.	مير			29c. LICENSE NUI	WBER	5	29d. DATE S	IGNED (M	onth Day, Year)		
r	30. NAME AND ADDRE	SS OF PERSON WN	O COMPLETED CAUS	DE OEATN (ITE	М 27) (Тура,	Print)		V21	01	رـ	110	~) 。	4 14		
-	DR. ROBE	Car Vent	H.D., C	02 SETO	ON DR	IVE,	CUM	BERLAND,	MI	21502		_	, .		
	AUG 0 4		32 REGISTRAF	Randall											



BALTIMORE, MARYLAND 21215-0020	s after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-transi emoval.	dical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within so hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transf be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR				EMILIE	ICALL	= Ur	DEA	ın	1	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH													
	HELEN K.	SANTEI	LI							Aug	2.		994	10:57A M
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. les	birthday)	IF UNDER		IF UNDER	24 HRS.	7 DATE OF	BIOTH		8. BIRTH	IPLACE (State or Foreign
- 1	065-01-3444	YRS.	MONTHS	NTHE DAYS HOURS MIN. (Month, Day, Year) Sep 23, 19					013 Country) MD					
	9a. FACILITY NAME (# not in	stitution, give s	treet and number)	80		9b. CITY	, TOWN	OR LOCATI	ON OF DE		-, -,		INTY OF D	
Œ	1001 Piedm		0.7					land	011 01 02	2000				
6	RESIDENCE OF DEC		Criuc			Cuit	mer.	Laulu				AI	lega	ny
	10a. STATE	10b. COUNTY	r		10c. CIT	Y, TOWN C	OR LOCAT	TION					_	10d, INSIDE CITY
DIRECTOR	MD	Alle	canv		Cam	nber]	l and							LIMITS?
	10e. STREET AND NUMBER	1144	garry		Cu	IDCT .		. ZIP COD				40- 017	1751 05 1	1 X YES 2 NO
RA	1001 Piedro	ont Asz	enue				100							WHAT COUNTRY?
FUNERAL		OIIC 21V						21502				US		
교	11. MARITAL STATUS 1 Never Married 2	Marriad	12. WAS DECEDEN	T EVER IN U.S. AR	MED 10	13.	WAS DEC	ENDENT C	OF HISPAN In, Maxical	IC ORIGIN? (S	pecify Yes	or No-	14, RACI Blac	— American Indian, k, White, atc.
B	3 K Widowed 4 □ Divo		IF YES, GIVE Y	WAR OR DATES				2 📉 NO					Spec	ily:
	45.050	EDENT'S EDUC	I	- Inches										white
쁘		y highest grade		(G	CEDENT'S	work done -	CCUPATION during mo	ON est of workir	ng	16b. Kil	ND OF BUS	INESS/IN	DUSTRY	
ا۳	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)	Do NOT us	se retired.)						-1		
M	12			1 00	ner	_				D	ress	Shor)	
COMPLETED	17. FATHER'S NAME (First, M									ME (First, Midd		Surname)		
BE	John L.		<u>icci</u>					M	ary (Cannat	aro			
0	19a. INFORMANT'S NAME (7	ype/Print)		190	. MAILING	ADDRESS	S (Street a	ind Number	r or Rural F	Route Number,	City or Town	, State, Zi	p Code)	
F	Mary Maffle	ey		Ne	w Yo	rk								
	20a. METNOD OF DISPOSIT			20b. PLACE				eme of		DATE	20c. LO	CATION -	City or To	wn, State
	1 Burial 2 Crematic	(Specify)	oval from State	St Pa	metory or o	ther place)	'eme	terv		8/6	Cim	iher]	and	MD
	21. SIGNATURE OF FUNERA			pc. ra	1	k's Cemetery 8/6 Cumberland, MI							THD .	
S.	10.	_	7 10	//	Scarpelli Funeral Home									
J.	Jan	M.	7 X/C	cupil	1	I C	ımbe	rlan	d. M	0 215	02			
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heert feiture. List only one ceuse on each line. IMMEDIAC CAUSE (Final disease or condition)													
	disease or condition resulting in death) a. Arteriosclerotic Heart Disease DUE TO (OR AS A CONSEQUENCE OF):													
_1	DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, Due to (or as a consequence of):													
¥	If any, leading to immediate cause. Enter UNDERLYING											j		
윤	CAUSE (Disease or injuthat initiated events	iry	cDUE TO	(OR AS A CONSEC	DUENCE OF	F):								
E	resulting in death) LAS	т 📗			11 -131-02-02									
8			d,											
	PART II. Other significe	nt condition	e contributing to	deeth but not r	esulting	In the ur	derlyin	g cause g	given in	Pert i. 24	a. WAS AN		24b	WERE AUTOPSY FINDINGS
EDICAL											PERFOR			AMILABLE PRIOR TO COMPLETION OF CAUSE
									_	_ '	☐ YES	NO		OF DEATN?
PHYSICIAN: M										-	/			1 YES 2 NO
AN	25. WAS CASE REFERRED TO	O MEDIO:												
$\overline{\mathbf{c}}$	EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ick only one)				
YS	1 YES 2 NO			ER/Outpatient 3	□ DOA	4 🗆 Nur		10 5 Z N	aldenca	6 🗆 Other (S	pecify)			
표	27. MANNER OF DEATH	572	28a. DATE OF (Month, L		28b. TIM INJ	E OF URY	26c. INJ WO	URY AT		28d. DESCR	BE NOW I	JURY OC	CURED	
B		Pending Investigation				М		YES 2	NO					
	3 Sulcide 8	Could not be	28a. PLACE C	F INJURY — At ho atc. (Specify)	me, farm, :	street, fact	ory, offic					nd Numbe	r or Rumi I	Toute Number,
	4 Nomicide	detarmined	Donaing,	atc. (Specify)					ĺ	City or i	own, State)			
COMPLETED	29a. CERTIFIER	TEVING DNVCI	CIAN: To the heat of		-40									
울Ⅱ			CIAN: To the best of											
ខ្ល				xamination and/or i	nvestigatio	n, in my c	opinion, d	leath occur	red at the	time, deta and	i placa, an	d due to t	ha cause(s) and manner as stated.
BE (296 SIGNATURE AND TITLE	OF CERTIFIER					- 1	29c. LICI	ENSE NUM	BER		29d. DAT	E SIGNED	(Month, Day, Year)
											8-	2-94		
유 🖁	30. NAME AND ADDRESS OF	PERSON WN	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type,	Print)							0	X
	Dr. Paul						C+,	root.	Cum	horla	nd N	m s	21502	
	31. PATE FILED (Month, Day.	Year) / J	The med	UA, 124	W . 1	11 T L C	ואנו	.eel,	cun	merra	uu, r	עו עו	.1302	
	AUG 0 4 199	4 /2	Timenton.	Markally.										
														DNMH-16 Bey 1/89



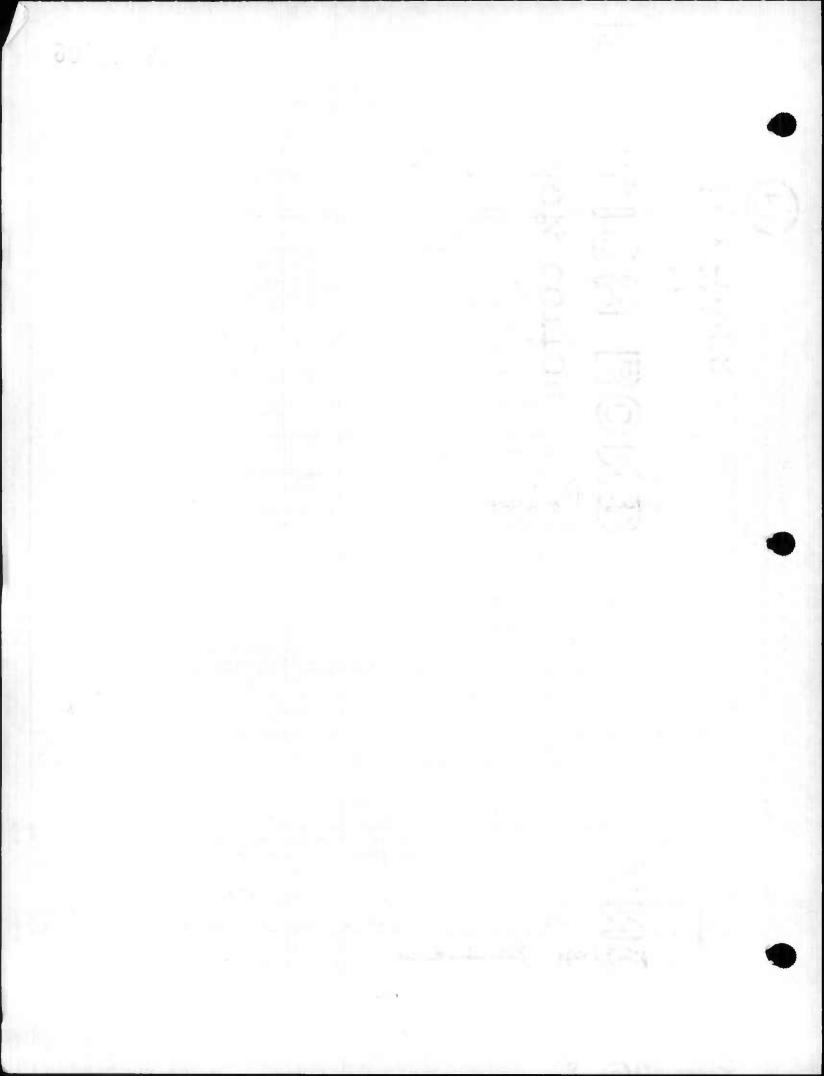
TO BE COMPLETED BY FUNERAL DIRECTOR

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절	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burfal, cremation, or removal.	=
뿔	草	K
2	×	E
뿔	filed	S
2	pe	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL	HYGIENE REG. NO.			
1. OECEDENT'S NAME (First, Middle, Last)				2. DATE O	OF OEATH	YEA	3. TIME OF DEATH	
MARY NANCY	SMITH			AU			4 11:28P	ММ
4. SOCIAL SECURITY NUMBER		,	MOER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE O		6. B	IRTHPLACE (State or Forei	ign
195-28-0672		X YRS.			7/193		YNESBORO, I	PA
9a. FACILITY NAME (If not institution, give :		9b.	CITY, TOWN OR LOCATION OF	DEATH		9c. COUNTY C		
12037 SMITHFIEL	D FARM LANE		HAGERSTOWN			WASH.	ENGTON	
10a. STATE 10b. COUNT			WN OR LOCATION				10d. INSIDE CITY LIMITS?	
	INGTON	HAGE	RSTOWN				1 YES 2 N	Ю
10s. STREET AND NUMBER	D4D14 T 417		101. ZIP CODE				OF WHAT COUNTRY?	
12037 SMITHFIELD	12 WAS DECEDENT EVED IN	U.S. ARMED	21740	ANIC ORIGINS	/Specify Year	USA V No 14 I	RACE — American Indian	
1 Never Married 2 Married	FORCES? 1 YES	2)(NO	If yes, specify Cuban, Maxi- 1 TES 2 NO Spec	can, Puarto R			Black, White, etc.	
3 Widowed 4 Divorced			The TAME				Specify: WHITE	
15. OECEDENT'S EOU (Specify only highest grade	ICATION completed)	16a. DECEDENT'S USU (Give kind of work	done during most of working	16b.	KINO OF BUSI	NESS/INDUSTI	₹7	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use ret	·	1 ,	NDV OT I	DARTER A C	ETDM	
11 17. FATHER'S NAME (First, Middle, Last)		SEAMSTRES:	18. MOTHER'B	_	ORY CLI		r IKM	
SAMUEL ROY BRECH	BIFI				DILLE!			
19a. INFORMANT'S NAME (Type/Print)	DITTIP	19b. MAILING ADD	RESS (Street and Number or Run				9)	
EDWARD DANIEL SM	ITH		MITHFIELD FAR					
20a, METHOD OF DISPOSITION	201	PLACE AND DATE OF	DISPOSITION (Name	DATE		ATION - City		
1 Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	cemetary, crematory or o		115	WAY	NESBORO	D. PA 17268	8
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AND ADDRESS OF					
Cornes C. 3	mederant		GROVE FUNER 50 S. BROAD	AL HON	1E, INC	SPORO	DA 17260	
23. PART I. Enter the disesses, or	complications that caused		inter the mode of dying, so	uch as card	iac or respir	atory srrest,	Approximat	
ahock, or heart failure. IMMEDIATE CAUSE (Finel	List only one cause on a						Onset and	
disease or condition	· Broncho - a	localar c	areune wil	4 me	stortes	u	4 mo	5
resulting in death)	DUE TO (OR AS	CONSEQUENCE OF):						
Sequentially list conditions,	b							
If sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):						
CAUSE (Disease or Injury that initieted events	C. OUE TO (OR AS A	CONSEQUENCE OF):						
resulting in death) LAST	4							
PART II. Other significant condition	ne contribution to death b	ust not exculting in th	se underbiling seuse alum	In Boot (24s, WAS AN /	umaney I	24b. WERE AUTOPSY FIN	DATO
PART II. Other aignificant condition	na contributing to death t	at not resulting in the	ia underlying cedae given	m ratt i.	PERFORI	MEO?	AMILABLE PRIOR TO COMPLETION OF CA	0
					1 YES 2	⊠ NO	OF DEATH?	
							1 TYES 2 N	O
25. WAS CASE REFERRED TO MEDICAL	T		26. PLACE OF DEATH (Check only on	e)			
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		HER: Nursing Home 5 X Residence					
27. MANNER OF OEATH	28a. OATE OF INJURY	28b. TIME OI	28c, INJURY AT	7	CRIBE HOW IN	JURY OCCURE	ED	
1 X Natural 5 Pending	(Month, Day, Year)	INJURY	M 1 YES 2 NO					
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spe	/ — At home, farm, stree	t, factory, office		ATION (Street a	nd Number or F	lural Route Number,	
4 Homicide determined				J.,	,			
29a. CERTIFIER 1 X CERTIFYING PHYS	SICIAN: To the best of my know	riedge, death occurred at	t the time, date and place, and d	lue to the cau	ise(a) and men	ner as stated.		
one) —	IER: On the besis of examination	n and/or investigation, is	my opinion, death occured at t	the time, data	and place, and	d dua to the ca	use(s) and manner as sti	nted.
29b. SIGNATURE AND TITLE OF CERTIFIC	ER		29c. LICENSE N	NUMBER		29d. DATE SI	GNED (Month, Day, Year)	
Where	Hen hus		MD-0	6748	78	1 Ac	G 11, 199	4
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF OR	ATH (ITEM 27) (Type, Prin	nt)				CHAN. CO	cus
D 0							SIMADY GR	
D. ROWERT ILE 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		4 BUCHANA	to Th	RAIL	EHST	PA 17	256



_		FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	HEALTH AND		GIENE G. NO.					
	į.	1. DECEDENT'S NAME (First, Middle, Last) WARREN	STEVEN	C	LAYMAN		2. DATE OF DE	DAY	9. TIME OF DEATH				
		4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	July		9:30P B. BIRTHPLACE (State or Foreign				
		217-06-4917 9a. FACILITY NAME (If not institution, give	1 M 2 - F	27 YRS.	MONTHS DAYS	HOURS MIN.	May 16	,1967 N	Country) Aary Land Y OF DEATH				
2)	CTOR	Clevelandtown Ro			Boonsb		EATH		shington				
	1		ashington		i amspo				10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
an. transit per	NERA	30 W.Potoma				1. ZIP CODE 21795			EN OF WHAT COUNTRY? USA				
21215-0020 or attending physici for use as the burial-l	ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 DONO	If yes, sp	CENDENT OF HISPAR Decity Cuben, Maxica S 2 NO Specifi	in, Puerto Rican, e	cify Yes or No— 1 etc.)	4. RACE — American Indian, Black, White, atc. Specify: White				
or atter	ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPATION done during most retired.)	ON ost of working	16b. KIND	OF BUSINESS/INOU	STRY				
AND the hospital detached force.	MPL	12 17. FATHER'S NAME (First, Middle, Last)	2	Sorte	r				ail Service				
a 5 5	w	John	Warren	Slayman		18. MOTHER'S NA		Ellen	Sevmour				
	TO THE HOSPING, The law requires that the law requires that the death centinicate be executed within 24 hours after death, the this centificate has been signed by the attending physician. TO THE FUNEAL UNBECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit arms of the filled and the signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit arms. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR	19a. INFORMANT'S NAME (Type/Print) John W. Slayman		196. MAILING	ADDRESS (Street of	and Number or Rural I	Route Number, City	or Town, State, Zip C	code)				
ORE, 6 may be ctor, page		20e_METHOD OF DISPOSITION 1 M Burial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	20b.	PLACE AND DATE O	F DISPOSITION (Na		OATE 2	20c. LOCATION — CI					
BALTIMOR er death. Page 6 ma the funeral director, p val.		21. SIGNATURE OF FUNERAL SERVICE U	Censee	emawn Ma	OSBO	NO ADDRESS OF FA	CILITY RAI HOME						
burs afte in by the r remov		23. PART I. Enter the diseases, or shock, or heart failure.	complications that caused List only one cause on as	I the death. Do n	ot antar the mo	oda of dying, suci	h as cardiac o	r raspiratory arres	it, Approximata interval Between				
within 24 hopetely filled remation, o		IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Multiple	gunshot CONSEQUENCE OF	wounds				Onset and Dea				
P 8 5 - 6	NOIT	Sequantially list conditions, if any, leading to immediate	b DUE TO (OR AS A CONSEQUENCE OF):										
P.O. BC th certificate ending physic I Hygiene priv or other tr	RTIFICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (OR AS A	CONSEQUENCE OF):								
S, deat deat Aemtal	2	PART II. Other algnificant condition	a contributing to death by										
CORI	MEDICAL		to death bi	at not readiting in	tha underlyin	g cause given in	P	PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 🖾 YES 2 🗆 NO				
AL R le law re has bee Dept. o	AN:	25. WAS CASE REFERRED TO MEDICAL			26 84	LACE OF DEATH (Che							
VIT.	>- II	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Output		OTHER:	na 5 🗆 Reeldence		y) Scene					
	표	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year) 7-27-94	28b. TIME INJU	IRY WO	PURY AT DRK? YES 2 INO		HOW INJURY OCCU	REO				
ISIC TTENDI TTOR: A after d		2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Special Road	— At home, farm, at	1	X I	28t. LOCATION ((Street and Number or , State)					
DIV AL OR A L DIREC 2 hours f item		29e. CERTIFIER (Check only	ICIAN: To the best of my knowle	edge, death occurre	d at the time, data	and place, and due		ndtown R					
HOSPITA FUNERA WITHIN 7.		2 X MEDICAL EXAMINE	R: On the beals of examination										
TO THE TO THE INPORT		296 MGAATURE AND TITLE OF CERTIFIE	torlel	W		OCME	MBER		BIGNED (Month, Day, Year) 28–94				
	F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type	Print)				20 74				

J. Laron Locke, M.D., 111 Penn St., Baltimore, MD.

DATE FILED (Month, Day, Your)

AIIG 1 2 1994

31. DATE FILED (Month, Day, Year)
AIJG 1 2 1994

21201

DHMH-16 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the normal death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permode filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

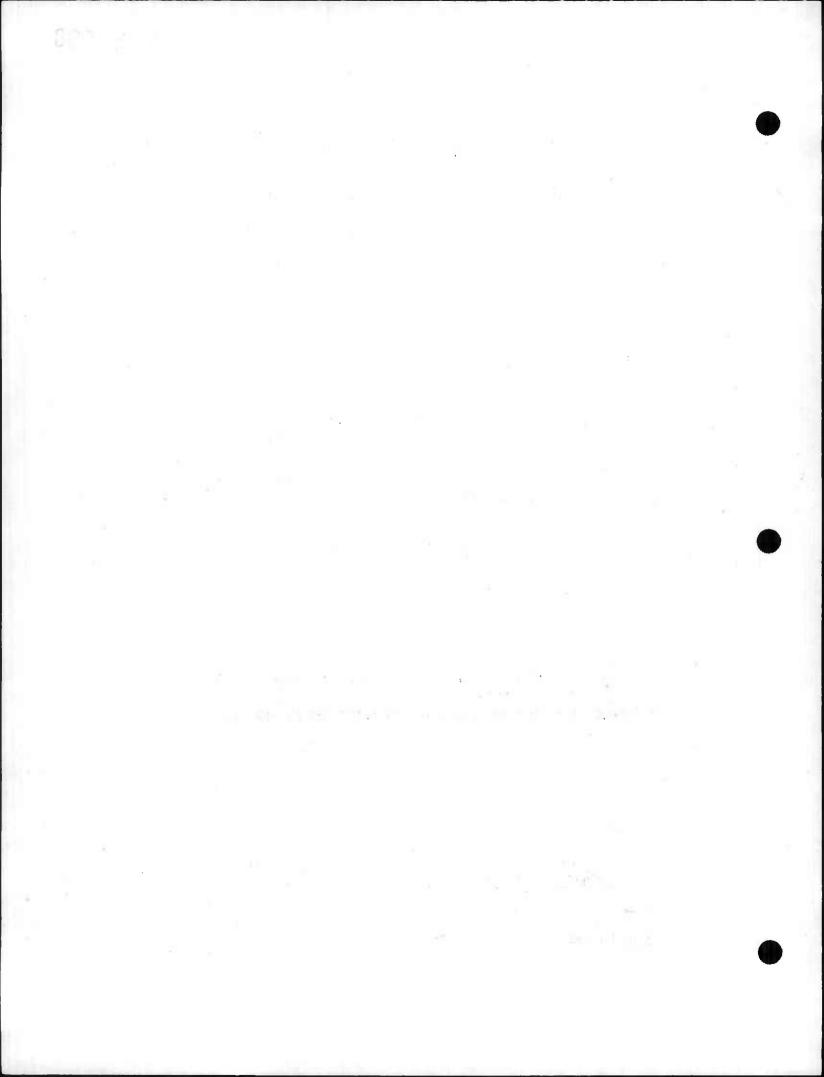
IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

$\overline{}$	ACGISTAAN				CLNIII	ICAI	E Ur	DEALL	<u> </u>	R	EG. NO.			
	1. DECEDENT'S NAME (First,			A Pro						2. DATE OF DEATH DAY AUGUST 14, 1994 3. TIME OF DEATH				A C
	Ruth	Hele		STRU										
	4. SOCIAL SECURITY NUMB	5. SEX	6. AGE (In yrs.		IF UND	ER 1 YEAR	HOURS 24	MIN.	7. DATE OF E (Month, Da	y, Year)		Count		
	220-54-410	-	1 M 2 X F	69	YAS.			250000	,	June 2	21, 1		Po	land
<u>۳</u>	90. FACILITY NAME (# not in: 18812 Geeti					9b. Cl		OR LOCATION dysvil		ATH			hty of D	
ا ځ	RESIDENCE OF DEC	EDENT											-0	
DIRECTOR	10e. STATE	10b. COUNTY			10c. CIT		OR LOCA							10d. INSIDE CITY LIMITS?
	Maryland	Wa	shington			K	eedy	sville	2					1 TES 2 NO
FUNERAL	10e. STREET AND NUMBER						10	Of, ZIP CODE				1		WHAT COUNTRY?
9	18812 Geeti	ng Roa							.756				U.S.	Α.
교	11. MARITAL STATUS 1 Never Merried 2 K	Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.		1	3. WAS DE	CENDENT OF	HISPANI Mexican	C ORIGIN? (S	pecify Yes n, etc.)	or No-	14. RACI Blac	E — Americen Indien, k, White, etc.
B	3 Widowed 4 Divor		IF YES, GIVE V	MAR OR DATES			1 TYE	S 2 X NO	Specify:		141		Spec	White
COMPLETED		EDENT'S EDUC		16e.	DECEDENT'S	USUAL	OCCUPAT	TION nost of working		16b. KIN	ID OF BUS	INESS/INI	DUSTRY	WILLE
	Elementary/Secondary (0-		College (1-4 or 5	+)	life. Do NOT u	se retired	e aunng m !.)	nost or working						
MP	8				House	wif	e				Her	own	home	
	17. FATHER'S NAME (First, Mi	ddie, Last)								IE (First, Middl		Surname)		
BE	Unknown	Trail.								de Kla				
٩	19e. INFORMANT'S NAME (7)							end Number or						
	Heidi Ritch:			001 71 1				Shar	psb					
	20e. METHOD OF DISPOSITI 1 Burlal 2 Coremetto 4 Donetton 5 Other		oval from State			DATE OF DISPOSITION (Name of ory or other place) DATE 20c. LOCATION — City or Town, Stet or STOWN Crematory 8-15-94 Hagerstown, Mar							wn, Steta Maryland	
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	~	1	22 NAME AND ADDRESS OF FACULTY HOME								
	1 0co	WI	Mu	unce	K							rsto	wn,	Md.21740
		ert fallure.	complications the List only one cau	t caused the	death. Do i	not ente	er the m	ode of dying	g, such	as cerdiec	or reepi	ratory er	rest,	Approximats interval Batween
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) a. Afflus cliente Varala disease											Onset and Death		
	DIF TO OR AC A COMPENSION OF											- 11		
z	Sudden Sudden											Sidden		
일	Sequentially list conditions, if sny, leading to immediate DUE TO (OR AS A DONSEQUENCE OF):													
2	CAUSE (Disesse or Injur		DUE TO	(OR AS A CONS	DECUENCE O									
	that initiated events resulting in death) LAST		DOE 10	(OH AS A CON:	SECUENCE O	r):								
CERTIFICATION			d			-								
- 11	PART II. Other significe	nt condition	1100	deeth but no	t recuiting	in the	underlylr	ng cause giv	an in P	Part I. 24s	, WAS AN		246	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
EDICAL	Su	ne	Late mont	discon	ع	at	il ?	Tibulto	tin	_ 10	YES 2	./		COMPLETION OF CAUSE OF DEATH?
ME	DID TOTAL	0 110-												1 TYES 2 NO
ž	DID TOBACCO		CONTRIBUT	E TO CA	USE OI	DE	ATH	YES [NO					
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL.	HOSPITAL:		1	ОТН		LACE OF DEA	TH (Chec	ck only one)				
Ś	1 D YES 2 NO		1 Inpatient 2		_	4 🗆 N	ursing Hor	me 5 Raek	dence 6	Other (Sp	ecify)			
	27. MANNER OF DEATH	Pending	26e. DATE OF (Month, D		26b. TIM	IE OF	W	IJURY AT	- 1	28d. DESCRIE	BE HOW IN	JURY OC	CURED	
À	2 Accident	nvestigation	28e DI ACE O	F INJURY — At	home form	M dragt 1		YES 2 1	-		A1 (D)			
		Could not be setermined	building,	etc. (Specify)	nome, tarm,	ocr aio t, fa	ictory, offic	rud.		28f. LOCATIO City or To	N (Street e wn, State)	na Numbe	r or Rural i	Houte Number,
ا ب	29e. CERTIFIER 1 CERT	IFYING PHYSI	CIAN: To the best of	my knowledge.	death occurr	nd at the	time det	a and place a	and due t	o the coursele) and san		tod	
29e. CERTIFIER (Chock only one) 2 MEDICAL EXAMINER: On the bast of my knowledge, dasth occurred at the time, deta end place, end dua to the cause(e) end manner se stated. MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, deta and place, and dua to the cause(a) and manner									a) and manner as stated,					
ا الا الا	29b. SIGNATURE AND TITLE			/				29c-LICENS						(Month, Day, Year)
ן מ		40	- 5ml	m)			0	26	5579		•	ST.	GY
2	30. NAME AND ADDRESS OF	PERSON WH	COMPLETE CAU		20	Print)					,	-	117	
1	749	Vortho				ento	uh,	md	-	2179	12			
	AUG 16	1994	G2-REGISTA	R'S SIGNATURE	dest.		7							

DHMH-16 Rev 1/89



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CI	ERTIFI	CATE O			REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)				T	DATE OF OEATH		3. TIME OF DEATH		
	Sharon W. Shantz				E	106 13	AY IC	294 1145 M		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEA	-		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)		
	705 10 8578 ¹XM²□F 93	YRS.	MONTHS DAY	B HOURS	MIN.	11/7/00		Maryland		
	9e. FACILITY NAME (If not institution, give street end number)		96. CITY, TOW	N OR LOCATIO	N OF OEA		9c. COU	NTY OF DEATH		
DIRECTOR	Washington County Hospital		Maga	Sta	un		luc	ishington		
<u> </u>	10e. STATE 10b. COUNTY	10c. CITY	, TOWN OR LO	CATION			10d. INSIDE CITY			
ā	Maryland Washington	Hage	erstov	vn				LIMITS?		
A	10e. STREET AND NUMBER			101. ZIP CODE			10g. CIT	IZEN OF WHAT COUNTRY?		
FUNERAL	Rt. 4			2174	0		USA	A		
5	11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS OECEDENT EVER IN U.S. AR FORCES? 1 YES 2 X	RMED				ORIGIN? (Specify Yes	or No-	14. RACE — American Indian, Black, White, etc.		
BY	1 Never Merried 2 Merried IF YES, GIVE WAR OR OATES	NO		ES 2 X NO		Puerto Ricen, atc.)		Specific		
			1					White		
ETED	(Specify only highest grade completed) (G	ive kind of w	USUAL OCCUP/ ork done during retired.)	MTION most of working	7	16b. KIND OF BU	SINESS/INC	DUSTRY		
2	College (1-4 of 5+)	chani				Wester	n Me	d. Railway		
COMPL	17. FATHER'S NAME (First, Middle, Last)	Jiiaii		18 MOTH	ER'S NAMI	E (First, Middle, Maiden		1. Naliway		
	George Shantz, Si	r.			essi			Linebaugh		
BE			ADORESS (Street			ute Number, City or Tow				
2						erstown,				
	20s. METHOO OF DISPOSITION 20b. PLACE	ANDDATEO	F DISPOSITION	(Name of				City or Town, State		
	1 M Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	HIL	Ler place) Ceme	etery	8/:	16 Hag	erst	own, Md.		
i	21. BEINGTURE OF FUNERAL SERVICE LICENSEE			AND ADDRES			0.5			
	Leuld) . I hurrech							. Potomac St.		
	23. PART I. Enter the diseases, or complications that caused the de	ath. Do n	ot antar tha	eral	HOME	ss cardiac or reap	ager	rest, Approximate		
	ahock, or heart fallure. List only one cause on each line IMMEDIATE CAUSE (Final	Đ.						Interval Between Onset and Death		
	immediate cause (Final disease or condition resulting in death) a. Out to consequence of:									
	resulting in death) a. Due to (on at a consec	OUENCE OF):	01				1000		
z	Kound	7	Dis Orus	0				2 week		
CERTIFICATION	Sequentially list conditions, If sny, laading to immediata	OUENCE OF):	1-						
2	CAUSE (Disessa or Injury									
E	that initiated events resulting in death) LAST	OUENCE OF):							
5	d	-								
	PART II. Other significant conditions contributing to death but not a	raaulting is	n tha underly	ing causa gi	ivan in Pr	art I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS		
DICAL						PERFOR	- /	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEC							/	OF DEATH?		
ž						_				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			PLACE OF DE	ATH (Checi	k only one)				
/Si	1 YES 2 NO HOSPITAL: 1 Impatient 2 ER/Outpetient 3		OTHER: 4 - Nursing H	ome 5 🗆 Ree	idence 6	Other (Specify)				
H	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME		NJURY AT WORK?	2	ad. DESCRIBE HOW I	NJURY OC	CURED		
BY	1 Natural 5 Pending 2 Accident Investigation			YES 2	NO					
- 4	3 Suicide a Could not be determined 28s. PLACE OF INJURY — At ho building, etc. (Specify)	ome, lerm, at	treet, lectory, o	ffice	2	City or Town, State)	and Number	r or Rural Route Number,		
립	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, de									
COMPLETED	one) 2 MEDICAL EXAMINER: On the basic of examination end/or	Investigation	n, in my opinior	, death occure	d at the tir	ne, date and place, ar	d due to th	re ceuse(e) end manner se stated.		
BE 0	29b. SIONATURE AND TITLE OF CERTIFIER			29c. LICEI	NSE NUMB	ER	29d. OAT	E SIGNED (Month, Day, Year)		
10 B	(Massul)			1)2	145	7	▶ &	5/15/94		
٦	30. NAME AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DEATH (ITE	M 27) (Type,	Print)	Aur.	П	AGREST	A 1 -	111		
	31. DATE FILEO (Month, Day, Year) /92. REGISTRAR'S SIGNATURE		IL CIT	TIVIZ	- 11	MYKKIL	MW	. /N/)		
	AUG 1 61994 Julio Danieno Barde	ned.								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

94-144

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND C	/ OEPAF					MENTA	L HYGIEN	E '	7 4	24010
	t. DECEDENT'S NAME (First, Middle, Last)					- 0.	DEA		2 DATE	OF DEATH			3. TIME OF OEATH
	LEWIS		TOWNES						JUI	H DA	Y	94AR	1035 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	et hirthday)	IF UNDER	+ VEAD	IF UNDER	2 24 1000					IPLACE (State or Foreign
	417 57 2752	t 😡 M 2 🗌 F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	th, Day, Year)		(7)	
	417-57-2752	Λ	47	***************************************						/4/46			RTH CAR.
œ	9e. FACILITY NAME (If not institution, give st							ON OF DE				INTY OF D	
0	1800 WEST LEX	INGTON	STREE'	Γ	BAI	TIM	IORE	CIT	ГΥ		BA	LTI	MORE
E	10e. STATE 10b. COUNTY	,		10c, CIT	Y, TOWN C	R LOCAT	ION						10d. INSIDE CITY
DIRECTOR	NORTH CAR	TANCE						E0.4	1 1113	ם משתואי	ONT	NT (2)	LIMITS?
	100K TTT CAK	VANCE		IKU	JIE_		ZIP COD		+ ne	NDERS			1 YES 2 X NO
H.								-,			Tog. on	IZEN OF	WINE COOKING
FUNERAL	ROUTE 2 BOX	12. WAS DECEDEN	IT EVED IN II C A	DNED	10.1	W 0 050		2753		N? (Specity Yee			S.A.
	1 Never Merried 2 Merried	FORCES? 1	YES 27			if yes, sp	ecity Cube	m, Mexica	n, Puerto	Rican, etc.)	OF NO-	Blac	E — Americen Indien, k, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE V	WAH OH DATES		_ '	t [] YES	2 X NO	Specify	y:			Spec	"" BLACK
8	15. DECEDENT'S EDUC		18e. D	ECEDENT'S	USUAL O	CCUPATIO	ON		168	. KIND OF BUS	INESS/IN	DUSTRY	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	116	Give kind of e. Do NOT u	work done (se retired.)	during mo	st of working	ng	200				J
립	12		7	4ECA	VIC					PRI	VAT	E	
COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Meiden	Sumame)		
	JOSEPH TO	WNES]	MARY	YE.	FIEL	DS		
BE	196. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)												
2	BETTY PERRY ROUTE 2, BOX 594, HENDERSON, N.C. 27536										7536		
	20s. METHOD OF DISPOSITION 20b PLACE AND DATE OF DISPOSITION (Name of												
	1 Buriel 2 Cremetion 3 Remo	oval from State	COT.	ematory or o		G C	н	CEM.	462	()	DEM		N. C
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		. 1				SS OF FA					N.C. WILLIAMS
	2 /		1	7									
	James C	7 M V	lleer	w		821							D.C.20011
- 1	23. PART i. Enter the diseases, or c ahock, or heart fellure. I	omplications the	t caused the duse on each lin	esth. Do i e.	not enter	the mo	de of dy	ing, sucl	h ss can	diac or respi	ratory ar	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final											Onset and Death	
ļ	disease or condition resulting in death)												
- 1	DUE TO (OR AS A CONSEQUENCE OF):												
Z	Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	If any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F):								
5	CAUSE (Disease or Injury	DUE TO	(00 45 4 00)	COLUMN OF O	_								
Ë	that initiated events resulting in death) LAST	DOE 10	(OR AS A CONSE	OUENCE O	F):								
與		1											
ا بـ	PART II. Other algnificent conditions	contributing to	death but not	resulting	In the un	deriying	cause	given In	Part I.	24a. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
2										1 YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE
									_	Wies 2		- 1	OF DEATH?
PHYSICIAN: MEDICA	DID TOBACCO USE O	CAITDIDITI	TO CALL	ISE OF	DEAT	ru v	EC [1 NO					1 VES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTI	IO CAU	ISE OF	DEA	_		NO EATH (Chi		nel			
Sic	EXAMINER? Y TYPES 2 NO	HOSPITAL:	EB/Outpetlant	3 🗆 DOA	OTHER	3:					STRE	r Tr	
Ξ̈́	27. MANNER OF DEATH	28e. DATE OF	INJURY	26b. TIM		28c. INJ		ssidence	-	SCRIBE HOW II			
D	1 Natural 5 Pending	Month. E	3 1 U		9 M		RK?	NO	An	vàr h	, 1	WA-	
B	2/1 Accident Investigation Suicide 6 Could not be	28e. PLACE C	F INJURY — At h	ome, farm,	street, fact				28f. LOC	CATION (Street a	nd Numbe	r or Burnt I	Route Number
	4 Homicide determined	building,	of INJURY — At h	REG	7				City	or Town, State)	4	אנו לני	10M/S.
COMPLETED	29e. CERI NER								1	- 00	,	141	-10/0
MP	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) and menner ee stated. Constitution of the ceuse (e) and menner ee stated.												
S		7. On the basis of s	xamination end/or	investigatio	on, in my o	pinion, d	eath occur	red at the	time, date	e end place, en	d due to t	he ceuse(e) end menner ee stated.
W A	296. SIGNATURE AND TITLE OF CENTIFIED	11/1	/					C M					(Month, Day, Year)
6	-auni	THE	M				0.	C.M	• E		J	ULY	28,1994
ΕV	NAME AND ADDRESS OF PERSON WHO	COMPLETED CAU	SE OF DEATH (ITE	EM 27) (Туре	Print)								

111 Penn Street, Baltimore, Maryland 21201

31. DATE FILED (Month, Day, Year)
AUG 0 3

1994

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial flansit is be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-15 Rev 1/89

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	FOR
1	STATE
	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. N	0.			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3	. TIME OF DEATH	
CECIL C. 7	YUEK (Cecil Calver	rt Tyler		MONTH 8	06	QU YEAR	3:00 A	
4. SOCIAL SECURITY NUMBER 212 16 7272	15 M 2 D F		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	5	Country)	ACE (State or Foreign	
98. FACILITY NAME (If not institution, give Dorchester Gener				ridge	ATH		orchest	тн	
10a. STATE 10b. COUNT	chester	10c. CITY,	Cambrid			Od. INSIDE CITY LIMITS? XX YES 2 NO			
100. STREET AND NUMBER 104 Talbot Aven	ue			ZIP CODE 21613		10g. Cr		AT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 XX Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2XXNO	If yes, spec	NDENT OF HISPAN	IIC ORIGIN? (Specify) n, Puerto Rican, atc.)	fes or No-	14. BACE -	- American Indian, White, atc. White	
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		(Give kind of wor	Decedent's usual occupation (Give kind of work done during most of working life. Do NOT use refered.) Materman/Construction Worker						
17. FATHER'S NAME (First, Middle, Last) Wilfred Tyler		, was or many	COMBETA	ME (First, Middle, Meidle Mae Lewis	en Sumame)				
19s. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and		Route Number, City or R	own, State 7	(Ip Code)		
Adele H. Tyler					mbridge, l			613	
20a. METHOD OF DISPOSITION 1 Denation	noval from State	20b. PLACE AND DATE OF	DISPOSITION (Nam	ne of	DATE 20c. I	OCATION -	- City or Town	n, Stata	
11. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		Thomas	Funera		co N	Mary 1 a	nd 01610	
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	DUE TO (OR	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	ENOTIC (CALDO	O PASCUC	AL	CEO OISEAS SE	4 12s	
PART II. Other algnificant condition	d	oth but not resulting in	the underlying	cause given in		AN AUTOPSY ORMED? 2 NO	C	VERE AUTOPSY FINDIN MALABLE PRIOR TO OMPLETION DF CAUS F DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLA	ICE OF DEATH (Ch	eck only one)				
1 VES 2 NO 27. MANNER OF DEATH- 1 Natural 5 Pending	28a. DATE OF INJU	JRY 28b, TIME (OF 28c. INJU	RY AT	6 Other (Specify) 28d. DESCRIBE HOV	V INJURY O	CCURED		
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN- building, etc.	JURY — At home, farm, stre (Specify)			281. LOCATION (Stree City or Town, Sta	et and Numb (e)	er or Rural Rou	ite Number,	
one)		knowledge, death occurred						and menner sa stated	
296. SIGNATURE AND TITLE OF CERTIFIE	700			29c. LICENSE NUI	TG5-	1 8	3/7	fonth, Day, Year)	
30. NAME AND ADDRESS OF PERSON W	HARUF I	F DEATH (ITEM 27) (Type, PI	105 A	ukok	1 St. C	2 gru	hie	leup	
31. DATE FILED (Month, Day, Year) AUG 1 0 1994	32 REGISTRAR'S	SIGNATURE					2	-6613	

BALTIMORE, MARYLAND 21215-0020



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É	72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at o
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL	HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Leet) HEN R	У ј.	TIPPE	77		2. DATE O	F DEATH DAY	- /5	3. TIME OF DEATH # 12.37 M			
	4. SOCIAL SECURITY NUMBER 578-42-3903 98. FACILITY NAME (If not institution, give	1 x M 2 □ F 61	YRS. MON		HOURS MIN.	Marc	Day, Year)	0	BIRTHPLACE (State or Foreign Country) Maryland			
DIRECTOR	SOUTHERN PRESIDENCE OF DECEDENT	MARY/AND A	10s Pina	- Ci	LINTON	EATH		Prince BEON				
	Maryland Prin	ce George's		un or locatio linton	N			10d. INSIC LIMIT 1 YES				
ERAL	100. STREET AND NUMBER 11210 Brand	ywine Road		10f. Z	2073	5	10	g. CITIZEN	OF WHAT COUNTRY? U.S.A.			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA 1953—1955	2 NO	If yee, speci	IDENT OF HISPAI ify Cuban, Mexico	en, Puerto Ri		fee or No— 14. RACE — American Indian Black, White, atc. Specify:				
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12) 9th	completed) College (1-4 or 8 +)	16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	done during most ired.)			Operat	SS/INDUST				
BE COMF	9th N/A Heavy Fourment Operator Operating Eng. 17. FATHER'S NAME (First, Middle, Leat) Harry J. Tippett Ratherine M. Chaney											
TO B	190. INFORMANT'S NAME (Type/Print) Peggy S. Tippett 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Same as 10 A-F											
208. METHOD OF DISPOSITION 1X Partiel 2 Cremetion 3 Removal from State 4 Denotion 6 Other (Specify) 1. HUNATURE OF DISPOSITION Neme of July 28 ATE 9 20c. Location - City or Town, State 20b. PLACE AND DATE OF DISPOSITION Neme of July 28 ATE 9 20c. Location - City or Town, State Cheltenham Maryland State Veterans Com Cheltenham Maryland State Veterans of Facility Lee Funeral Home 6633 Old Alexander Ferry Rd Clinton												
	23. PARD 1. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such se cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) S. PARD 10 M YO FAT -/ DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentisity list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initisted evente resulting in desth) LAST DUE TO (OR AS A CONSEQUENCE OF): AT MERTIENSIVE CARDIOVASCULAR DISEASE 12 ym DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other significant condition	ns contributing to deeth be	ut not resulting in th	ne undsrlying (csuse given in		24a. WAS AN AUT PERFORMEI 1 TYES 2	0?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	l or	26. PLAC	CE OF DEATH (C)	neck only one,)					
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Impatient 2 FR/Outp	atlent 3 DOA 4 DOA 26b. TIME OF	Nursing Home 28c. INJUR			(Specify)	RY OCCUR	ED			
ВУ Р	Neturel 5 Pending 2 Accident investigation	(Month, Day, Year)	— At home, ferm, street	M 1 TYE	S 2 NO	201 1 0 0 1	TION 100 - 1					
ETED	3 Suicide 6 Could not be 4 Homicide detarmined	building, etc. (Spec	rly)	t, lactory, office		City or	Town, Stete)	VUITIDER OF P	Rurel Route Number,			
COMPLETED	anal —	SICIAN: To the best of my knowl ER: On the basis of axamination							suse(e) end menner as stated.			
B	29b. SIGNATURE AND TITLE OF CERTIFIE	ir		3	29c. LICENSE NU	MBER S &	S 29	d. DATE SI	ONED (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print	Wood	ומנות	P	2 - 2	PI	MANYIAND			
	31. DATE FILED (Month, Day, Year) AUG 0 3 1994	22 BEGISTRANS BOY	ATURE	0000	DYMA		UMB	_//	M 0N 70183			

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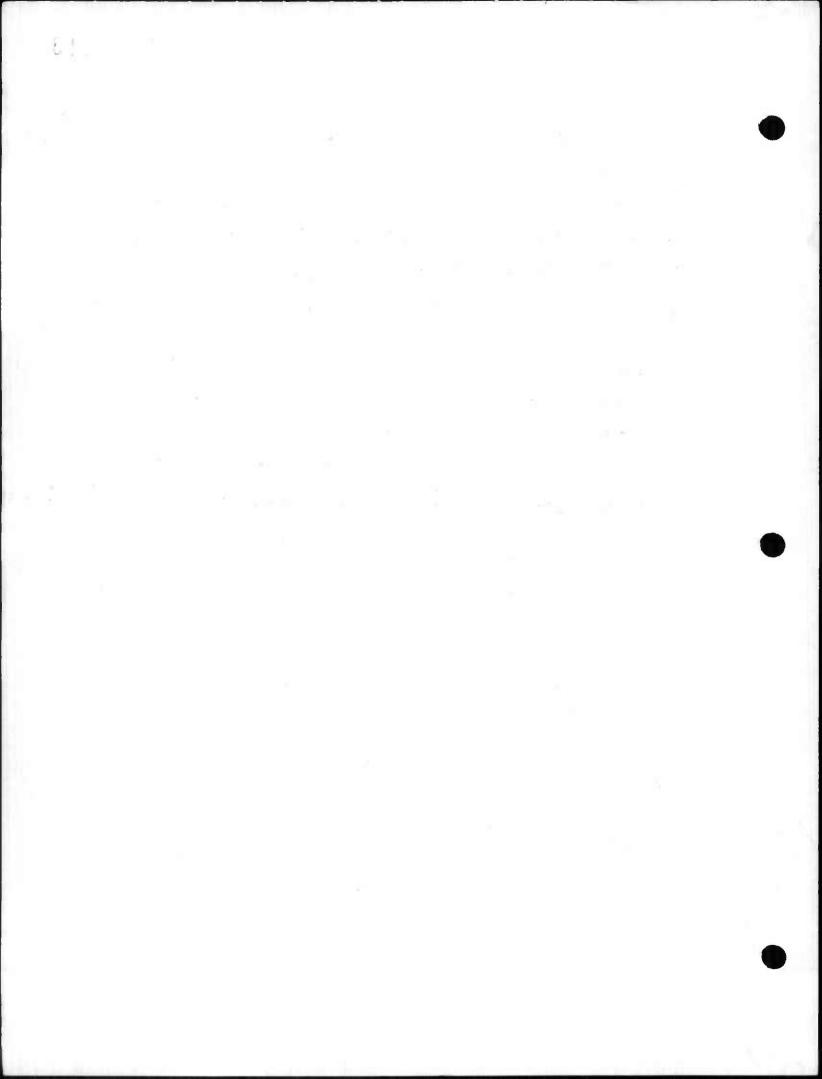
Q

AUGO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3. TIME OF DEATN 35pm a. BIRTHPLACE (Sta Maryland 9c. COUNTY OF DEATH 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 0 14. RACE - American Indian, Waters 20c. LOCATION - City or Town, State Clinton Maryland Lee Funeral Home, Inc. Approximate Interval Between Onset and Death MENT 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN? 1 - YES 2 - NO 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)

DHMH-16 Rev 1/89



DHMH-18 Rev 1/89

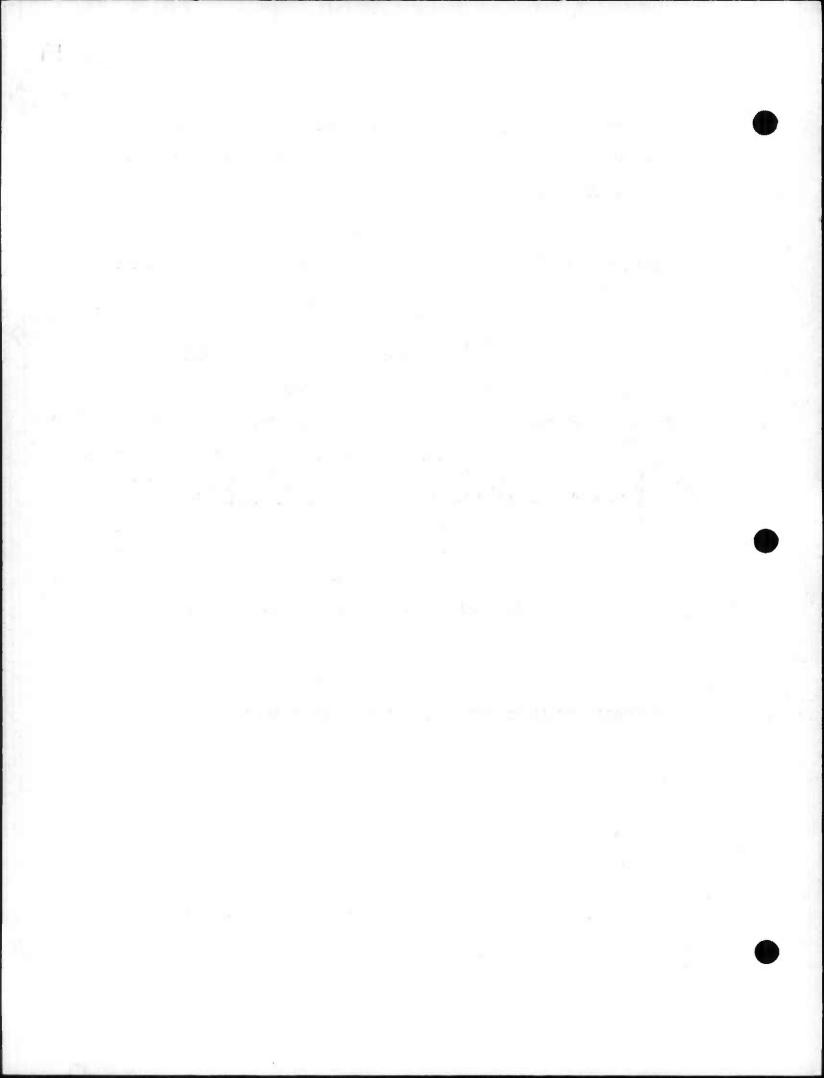
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				ENIIF	ICALE	UF	DEAL	п	F	REG. NO.				
,	1. DECEOENT'S NAME (First,									2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH					
	DEXTER		CARTHUR		IOMPS		SR			JULY		31 1994 0525 a. m			
	4. SOCIAL SECURITY NUMB		5. SEX	8. AGE (In yrs. Is		IF UNDER	1 YEAR DAYS	IF UNDER 2	MIN.	7. DATE OF (Month, D.	my Munr)		Coun		
	234-01-4248		1 🔀 M 2 🗆 F	81	YRS.					JULY	19,	1913 WASHINGTON			N
~	9e. FACILITY NAME (If not in												9c. COUNTY OF DEATH		
2	100 WALNU		3			ELKTON CECIL									
EC	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE C	TY
DIRECTOR	MARYLAND	CEC	CIL			ELE	KTON							LIMITS?	
	10e. STREET AND NUMBER				10f, ZIP CODE							1 ▼YES 2 NO			
FUNERAL	100 WALNU	TT T.ANI	2					2192	1				S.A.		
N	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. \	MAS DEC			C ORIGIN? (S	Specify Yee			E American Ir ok, White, etc.	dien.
	1 Never Married 2 📉	YES 2 YAR OR DATES	Mo		f yes, sp	City Cuben,	, Mexicen,	, Puerto Rica	in, atc.)		Blac				
ВУ	3 Widowed 4 Divo					open,,					ITE				
	15. DEC (Specify only	ECEDENT'S	USUAL OC	CCUPATIO	ON st of working	,	16b. KI	NO OF BUS	INESS/IN	DUSTRY					
9	Elementery/Secondary (0		College (1-4 or 5	- lii	e. Do NOT u	se retired.)									
COMPLETED			4	MI	ECHAN	ICAL	ENG	INEER	1	I	uPON	T			
8	17. FATHER'S NAME (First, M.	110.4								E (First, Midd					
BE			THOMPSOI							SABELI					
2	19e. INFORMANT'S NAME (7)			1						oute Number,					
	JEAN BLAKE							<u>-</u> -	BLKI	CON, N			921	<u> </u>	
	20e. METHOD OF DISPOSITION 1 D Burlei 2 X Cremetio		oval from State	cemetery, ci	AND OATE	ther place)				DATE				own, State	
1	4 ☐ Donation 6 ☐ Other 21. SIGNATURE OF FUNERAL		ENORE	R.A	. FER				. 52/5/1	8-1-9	44 W	EST	CHES	TER, PA	١.
!	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE			H.	ICKS	HOME	for faci	FUNE	RALS	, P.	A.		
	Done	ر بايد	S. Hi	Cado		10	D3 W	EST	TOC	F821	ST.				
1	23. PART i. Entar tha di	seasea, or c	omplications tha	t causad tha d	eath. Do	not anter	tha mo	da of dyin	ng, such	aa cardlad	or respi	ratory ar	rest,	Approxi	
	IMMEDIATE CAUSE (Fin		List only one cau	use on each iin	a.	()		_	-0				1		Between nd Death
	disease or condition	-	(/	. (7.	1	11	b	h	.0		(,	no.	-X		
ı	resulting in death)		DUE TO	OR AS A CONSE	EQUENCE O	-	r (. 0	4	1		- 00	2 4	-	
z			1	5.00	. m	-				-	9			1	
9	Sequentially list conditi If any, leading to immed	ona,		TOR AS A CONSI	EOUENCE O	P: /		1	7	_	1				
S	cause. Entar UNDERLYi CAUSE (Disease or inju	NG	M-	At .	1	V.	X	- //	en	ner	les				
ΕI	that initiated eventa	1	DUE TO	(OR AS A CONSI	OUTFICE O	Fig					-				
CERTIFICATION	resulting in death) LAS	' L.	1												
	PART II. Othar significa	nt condition	a contributing to	daath but not	resulting	In the un	derlylno	cause of	lven in P	Part I 24	a. WAS AN	ALITOREV	1 24	b. WERE AUTOPS)	FINOINCE
EDICAL							actiyin,	oudse gi		ant II.	PERFOR		24	AVAILABLE PRIC	OF TO
										- 1	YES 2	□ NO		OF DEATH?	CAUSE
Σ	DID TOBACCO) HSE C	CANTRIBUTE	TO CALL	CE OE	DEAT	u v	EC [NO	7027				1 TES 2	© NO
AN	25. WAS CASE REFERRED TO		ONIKIBUIE	IO CAU	SE OF	DEAI				X					
PHYSICIAN:	EXAMINER?	morrort	HOSPITAL:			OTHER	1:	ACE OF DE							-
14S	1 YES 2 NO		1 Inpatient 2		_				-	Other (S					
		Pending	(Month, D		28b. TIM	JURY		RK?		28d. DESCR	IBE HOW II	NJURY OC	CURED		
B	2 Accident	investigation	260 DI ACE C	F INJURY — At h				/ES 2 🗌					-		
		Could not be determined	bullding,	atc. (Specify)	ome, rarm,	street, ract	ory, onic			City or 7	own, State)	ind Numbe	r or Hurai	Route Number,	
CERTIFIER (Check only 1 M CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner es stated.															
4	(Check only														
COMPLETED	2 MEDI	CAL EXAMINE	R: On the basis of s	xamination and/or	r Investigation	on, In my o	pinion, d	eath occure	d at the ti	ime, date en	d place, en	d due to t	he ceuse((e) end menner e	stated.
BE (296. SIGNATURE AND THE	OF CERTIFIE	X	110		1		29c. LICEN	NSE NUME	BER		29d. OA	TE SIGNE	O (Month, Day, Ye	ır)
2		any	- 1	/	ue			D0	618	1			8/2	/94	
-	30. NAME AND ADDRESS OF					-					635	101		_	
	JOSEPH G			721 BR	IDGE	STRE	KT'	ELKT	ron,	MD.	219	7Z.L			
1	31, DATE FILED (MORRI, Day,	Year)		R'S SIGNATURE											
	AUG 0 3 '94	6	Jaka Davida	Rendel	2										

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,



FOR STATE DEGISTRAR 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	hEdioThAh		CENTII	ICALL	T DEATH	REG. NO.					
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH	IA.	3. TIME OF DEATH			
	LORENA GENE	VIEVE TU	RNER			August 11	, 199	4 m			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I	n yrs. last birthday)	IF UNDER 1 YE		7. DATE OF BIRTH		BIRTHPLACE (State or Foreign Country)			
	215-34-4009	1 □ M 2 [X F 8	2 YRS.	MONTHS DA	YS HOURS MIN.	May 1, 1	912	Pennsylvania			
	9e. FACILITY NAME (If not institution, give st	reet end number)		9b. CITY, TO	TY OF OEATH						
8	7318 Sharpsbur	g Pike		Boonsboro Washing							
5	RESIDENCE OF DECEDENT										
DIRECTOR				Y, TOWN OR L	10d. INSIDE CITY LIMITS?						
		hington	R	<u>oonsb</u>				1 TYES 2 X NO			
Z I	10s. STREET AND NUMBER				10t. ZIP CODE			. CITIZEN OF WHAT COUNTRY?			
FUNERAL	_7318 Sharpsbur				21713		υ.	S.A.			
5	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES			DECENDENT OF HISPA i, specify Cuben, Mexic	NIC ORIGIN? (Specify Yee an, Puerto Ricen, etc.)	or No-	14. RACE — American Indian, Black, White, etc.			
В	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	TES		YES 2 NO Speci			Specify:			
	15. DECEDENT'S EDUC	TATION I	18e. DECEDENT'S	HEHAL OCCU	NATION .	16b. KIND OF BUS		White			
E I	(Specify only highest grade	completed)	(Give kind of life. Do NOT u	work done durin	most of working	160. KIND OF BUS	SINE 35/IND	DSINY			
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	Home	maker		Own	home				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.	AME (First, Middle, Maiden	Sumamal				
	Welty H.	Clopper			Lilli			Hause			
B	19e. INFORMANT'S NAME (Type/Print)			ADDRESS (St		Route Number, City or Town					
임	Catherine L.	Otzelberge									
	204, METHOD OF DISPOSITION	20b.	PLACE AND DATE					City or Town, State			
	1 [X Burlet 2 Cremetion 3 Remo	oval trom State	etery, cremetory or c	ther place)	ametery 0	8-13-94 Had	erst	own,Wash.,Md.			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	CSC IIa	I 22. NAM	E AND ADDRESS OF F	ACILITY					
	De hood	the also		And	rew K. Cof	ffman Funer	al Ho	me, Inc.			
	Andrew K. Coffman Funeral Home, Inc. 40 E. Antietam Street, Hagerstown, Md. 21740 23. PART I. Enter the diseases, Dr complications the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximate										
23. PART I. Enter the diseases, Dr complications the caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. Liet only one cause on each line.											
	IMMEDIATE CAUSE (Final disease or condition										
	resulting in death)	141400	ARD/	72 in	FARCI	10N		1 AR			
	disease or condition resulting in death) a. MYOCARDIAL INFARCTION DUE TO (OR AS A CONSEQUENCE OF): CORDINARY ARTERY DISEASE 6 YRS DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentielly list conditione,	DUE TO (OR AS A	CONSCILLENCE	ARI	EKY DI.	SEASE		6 YRS			
A	If any, leading to immediate cause. Enter UNDERLYING	Const	CT.VE	11-1	NT PMI	UDE		64RS			
윤	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A	CONSEQUENCE O	FI:	RI PAIL	- VICE		6/10			
E	reaulting in death) LAST	CARDIA	r. Duc	PHYTI	YMIAS			6400			
빙							-	OTRS.			
AL	PART II. Other eignificent condition				ying ceuse given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
EDICAL		ETES M		کرن		1 🗆 YES 2	Ad	COMPLETION OF CAUSE OF DEATH?			
ME	H4P	ERTENS10	\sim					1 TYES 2 NO			
ä											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			B. PLACE OF DEATH (C	heck only one)					
YS.	1 YES 2 ANO	1 Inpetient 2 ER/Outpi	Hent 3 DOA	OTHER: 4 - Nursing	Home 5 Mesidence	8 Other (Specify)					
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. Till	IE DF 28c	INJURY AT WORK?	28d. DESCRIBE HDW II	NJURY OCC	URED			
BY	1 Naturel 5 Pending 2 Accident Investigation			M 1	YES 2 NO						
	3 Suicide a Could not be	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm,	street, tectory,	office	28t. LOCATION (Street a City or Town, State)	and Number	or Rural Route Number,			
E	4 Homicide determined										
7	29e. CERTIFIER (Check only	CIAN: To the best of my knowle	edge, death occurr	ed at the time,	date end place, end du	to the cause(e) end mer	ner as state	ıd.			
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the beels of examination	end/or investigation	on, in my opini	on, death occured at the	time, date end place, en	d due to the	ceuse(e) end menner ee atated.			
	296. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day Year)			
B	1 yang	w			D449	96	D Q	-13-94			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type	. Point)	1-11		3				
	ZAFAR MALIK	MD 203	311 LA.	PPANS	RD B	OONSSORE	MI	21713-			
	31. DATE FILED (Month, Day, Year)	32. REGINTRAR'S SIGNA	TURE		-	000000000000000000000000000000000000000	100	-1112			
	AUG 1 5 199	14 Julia San	dem-Randa	AL.							

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with:

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permits be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DHMH-16 Rev 1/89

č!

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR			F DEATH	REG. NO.	-						
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. 7	TIME OF DEATH				
	MARK DEAN WIMSATT				AUGUST	01.19	YEAR 1	9:41	TOM			
		6. AGE (In yrs. lest birthday)	IF UNDER 1 YEA	IF UNDER 24 HRS.	7. DATE OF BIRTH			CE (State or Foreign	0			
	405-88-8264 14 M 2 [F	36 YRS.	MONTHS DAY	B HOURS MIN.	(Month, Day, Year) 9-4-195	- 1	Country)	Kentucky	- 1			
	9e. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOV	N OR LOCATION OF DE			Y OF DEATH		<u>Y</u>			
DIRECTOR	13038 BARREDA BLVD.			Lusby		VERT						
	10e. STATE 10b. COUNTY	10c, CI	TY, TOWN OR LO	CATION			10d	I. INSIDE CITY				
PIG	MD Calvert		Lusby			1.0	LIMITS?					
	10e. STREET AND NUMBER		1	10f. ZIP CODE		10g. CITIZE	EN OF WHAT					
FUNERAL	13038 Barreda Blvd.			20657			U.S.A.					
BY FU		EVER IN U.S. ARMED X YES 2 NO R OR DATES	If yes	DECENDENT OF HISPAN, specify Cuben, Mexica (ES 2 NO Specify (ES 2 NO Specify		or No —	Specify:	American Indian, nite, etc.				
	15. DECEDENT'S EDUCATION	16a. DECEDENT	S USUAL OCCUP	ATION	16b. KIND OF BUS	UNESS/INDLI		hite	-			
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of	work done during	most of working	IOU. KIND OF BOX	HNESS/INDO	JINI					
7	3		nic Tec	chnician	Electr	onics						
O	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme)											
S	James R. Wimsatt				A. Murphy							
BE	19e. INFORMANT'S NAME (Type/Print)	19b, MAILIN	G ADDRESS (Stre		Route Number, City or Town		Code)					
2	James R. Wimsatt 9111 Woodchat Way Louisville, KY 40272											
	20e. METHOD OF DISPOSITION	20b. PLACE AND DATE	OF DISPOSITION	(Name of		OCATION — City or Town, State						
	1X Buriel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) Bardstown, Kentuc											
	21. SIGNATURE OF JUNERAL SERVICE LICENSEE			AND ADDRESS OF FA			·		\dashv			
	1/1/		Dans	ala Disperse	l Hama Di	~		MD 2077	ا ء			
1.0	22 PARTY I February discharge	1			l Home, PA				30			
	23. PART I. Enter the dispess, or complications that bused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart fellure. List bnly one cause bn each line. IMMEDIATE CAUSE (Finel dispass or condition resulting in death) Onset and Daeth DUE TO (OR AS A CONSEQUENCE DF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
١٢	PART ii. Other aignificent conditions contributing to	leeth but not reaulting	in the underi	ying cause given in	Part i. 24s. WAS AN	AUTOPSY	24b. WEF	RE AUTOPSY FINDIN	NGS			
MEDICAL					PERFOR		OF I	ILABLE PRIOR TO MPLETION DF CAUS DEATH? YES 2 \(\) NO	iE			
	DID TOBACCO USE CONTRIBUTE	TO CAUSE OF	F DEATH	YES IT NO				0				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	. 5 0.1002 01		PLACE OF DEATH (Ch								
Sic	EXAMINER? HOSPITAL: 1 Y YES 2 NO 1 Inpatient 2	ER/Outpatient 3 DOA	OTHER:	lome 5XX esidence	6 Other (Specify)							
₹	27. MANNER OF DEATH 280. DATE OF I	NJURY 28b. TII	ME OF 28c.	INJURY AT	28d. DESCRIBE HOW II	NJURY OCCU	RED		\dashv			
ВУР	1 Natural 5 Pending (Month, Day 2 Accident Investigation	62 / /	LL AM 1	WORK? YES 2 NO	Subject	. 54	of		- 1			
	3 Suicide 28e. PLACE OF	INJURY At home, ferm,		ffice	281, LOCATION (Street of	and Number or	r Rural Route	Number,				
ETED.	4 Homicide datermined	tc. (Specify) AL	Home	_	13038 1	Barre	eda	BLUD				
COMPLE	29e. CERTIFIER (Check only orie) 1 CERTIFYING PHYSICIAN: To the best of response to the best of respo		red at the time,	date end place, end due	to the cause(e) end mer			I menner ee stated	d.			
	29b. SIGNATURE AND TIFLE OF CENTIFIER	1,		29c. LICENSE NUI				nth, Day, Year)	-			
TO BE	gol	-4		O.C.M.				02,19	94			
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE ORVIOR FOWLER			ot Dalt	imore, Ma	rus l o	nd 2	1201				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAF		STIE	, bail.	LHOLE, MC	тута	nu Z	1201	_			
	AIIG - F 1004 / 1. 1	wiles Radell	3,									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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BALTIMORE, MARYLAND 21215-0020

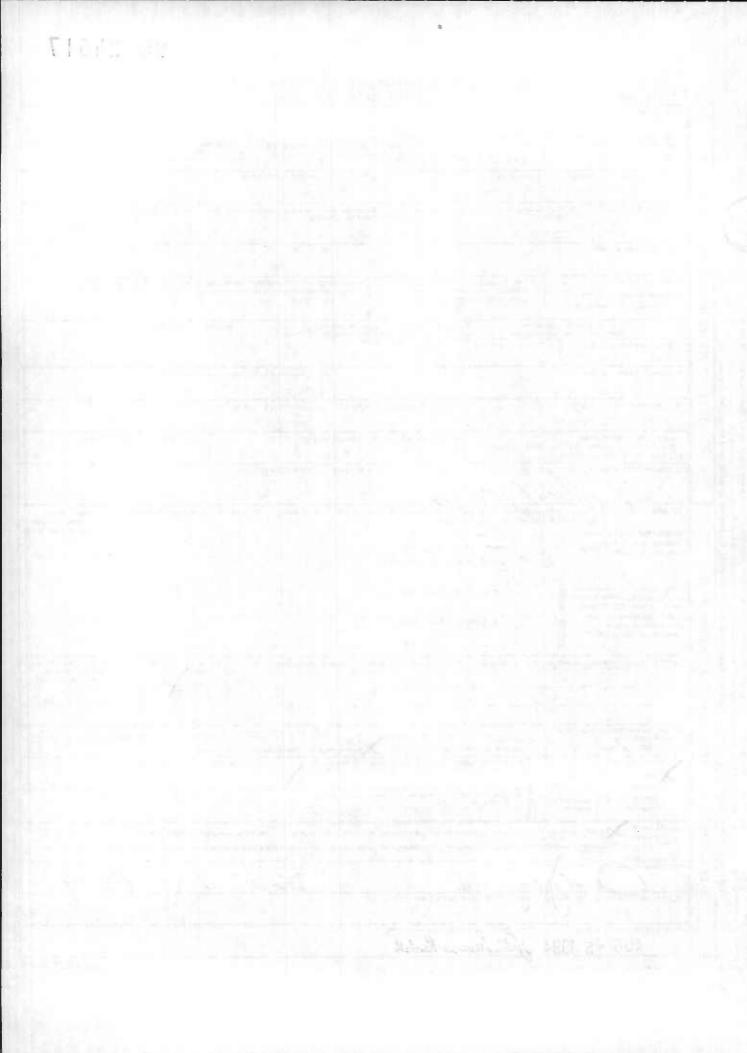
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020 fours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the fours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HEGISTRAH		<u> </u>	CHILL	CALE	Ur	DEA	П	REG. N	Э.			
1. DECEDENT'S NAME (First, Middle, Last) Marguerite	Ford		WARD					MONTH DAY YEAR			3. TIME OF DEATH 10:50 5 M	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDER 1	YEAR	IF UNDE	3 24 HRS.	7. DATE OF BIRTH	1.5		IPLACE (State or Foreign	
215 76 0077	1 🗌 M 2 💢 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 10-09-19	09	MD	y)	
9e. FACILITY NAME (If not institution, give	street end number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							EATH	
Calvert County No RESIDENCE OF DECEDENT 100. STATE 100. COUNT 100. Ca	ursing Ce	nter		Prince Frederick Calve							rt	
10a. STATE 10b. COUNT	TY		10c. CITY	CITY, TOWN OR LOCATION							10d, INSIDE CITY	
	lvert		Owi	ngs					1			
100. STREET AND NUMBER	10e. STREET AND NUMBER						E		10g. CITIZEN OF WHAT CO			
100. STREET AND NUMBER 1604 West Mt. Ha 11. MARITAL STATUS	1604 West Mt. Harmony Rd.					207			USA			
3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X		NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)							E — American Indian, k, White, etc. ffy: White	
15. DECEDENT'S ED (Specify only highest grad	Elementary/Secondary (0-12) College (1-4 or 5 +)					ON ast of world	USINESS/INC	DUSTRY				
Elementary/Secondary (0-12)												
Elementary/Secondary (0-12) 6 17. FATHER'S NAME (First, Middle, Last)	housewife 16. MOTHER'S NAME (First.					MF /First Middle Maide	o Sumama)					
	Mannie D F											
19a INFORMANT'S NAME (Type/Print)								Route Number, City or To		rosb	1	
Lillian G. Mair									736			
20s. METHOD OF DISPOSITION 130 Burlel 2 Cremetion 3 Rec	1600 W. Mt. Harmony Rd., Owings, MD 20736 EAND DATE OF DISPOSITION (Name of remetalty or other place). OATE 20c. LOCATION — City or Town, State											
4 Donation 5 Other (Specify)	Mary Mary	Smit	prototy or other place) NVIIIe UMC Cem. 8-6-94 Dunkirk (Cal) MD									
22. NAME AND ADDRESS OF FACILITY Rausch Funeral Home, PA Owin											MD 20736	
Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (DISEASE												
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CAUDE (DISSUES OF INJURY) DUE TO (OR AS A CONSEQUENCE OF):											
	ons contributing to	death but not	resulting i	n the unc	deriyin	g cause	given in		24a. WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS	
PART II. Other significant condition									2 NO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF D	EATH (Ch	eck only one)				
EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	THER Number		10 5 🗆 R	esidence	6 Other (Specify)				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 2 MANNER OF DEATH 1 Natural 5 Panding 2 Accident Investigation	28e. DATE OF (Month, D		28b. TIMI INJ	E OF URY M	28c. IN.	PRK?	No	28d. DESCRIBE HOW	INJURY OC	CUREO		
	ome, farm, s	erm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number City or Town, State)							Route Number,			
3 Suicide 4 Homicide Could not be 4 Homicide determined 29e. CERTIFIER (Check only 1 One) 2 MEGICAL EXAMIN											e) and manner as stated.	
296. SIGNATURE AND THUE OF CERTIF	Red 1	no				29c. LIC	anse nui	657	29d. DAT	E SIGNED	3/94	
30. NAME AND ADORESS OF PERSON Y	HO COMPLETED CAU	SE OF DEATH (IT	EM 27) (Type,	Print)							7	
31. DATE FILEO (Month, Dey, Year) AUG - 5 199	ala lle											



Delacing		0000
5		8
ment was commence that begins of the extended projected times in by the falleral backers, bage 3 Should be deliced		marked or item 23 shows any injury or other traumatic event the medical evamines must be notified at once
ממחם		he
מומכונוי.		br much
וחובושו		yamine
D) 1110	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	dirai d
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17	ation	the
and and	, crem	PVAnt
200	buria	affe
Stolan	orior to	traum
A Paris	giene I	other
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200	Ment	ninn
60 00	h and	J Au
in Pin	Healt	Dane :
200	of. of	t ehr
200	e Dec	200
o and	Stati	r iten
3	the	1
2000	h with	arkee
2	deat	É

				- 57							9	4	2461	8
	1 - FOR STATE REGISTRAR	STATE OF M		/ DEPAR					MENTA	L HYGIEN			1:10	A . M .
	1. DECEDENT'S NAME (First, Middle, Last)				-			_	2. DATE	OF DEATH	AY	WEAR.	3. TIME OF DE	ATH
	GEORGE A.		lilson						8)	94	11-10	PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDE	DAYS	IF UNDER	24 HRS.	7, DATE	OF BIRTH		6. BIRTHI	PLACE (State or	Foreign
	551-26-2166	1 🔀 M 2 🗌 F	84	YRS.	WONTHS	DATS	HOURS	MIN.	6)/10		eland	
_	90. FACILITY NAME (If not institution, give s						OR LOCATE	ON OF DI	EATH			NTY OF DE		
DIRECTOR	3605 Lynch Dr:	ive			:	Delm	nar					Wi	comic	0
<u> </u>	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	Υ		100 CIT	V TOWN	OR LOCAT	TON					Т	10d. INSIDE CIT	
E	Md.	Wicomio	0.5	100.011	.,	Delm							LIMITS?	
1	10e. STREET AND NUMBER	WICOMIC					ZIP CODI	=			I so- CIT		1 YES 2 THAT COUNTRY?	Q*
BY FUNERAL	3605 Lynch Dr:	ive					218					5.A.	HAI COOKINI	
Ž	11. MARITAL STATUS	12. WAS DECEDENT	F EVER IN U.S. A	RMED	13	WAS DEC			AIC UBIGIN	I? (Specify Ye			- American Inc	dian
E	1 Never Married 2XXMerried		YES 2		1.0	If yes, sp	ecify Cube	n, Mexice	n, Puerto 1	Ricen, atc.)	or NO-	Black,	, White, etc.	ulen,
	3 Wildowed 4 Divorced	World		I		1 🗌 153	2 ANU	Specin	у:			Specif	whit	te
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a, D	ECEDENT'S	USUAL C	OCCUPATIO	ON at anothin	N. C.	16b	KIND OF BU	SINESS/INC	DUSTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5 +	, ,	Give kind of use. Do NOT us)	St Or WORDS	·¥	C	pt. M	lerch	nant	Marin	ne
MP		4	Mi.	lita	ry									
8	17. FATHER'S NAME (First, Middle, Last)									Middle, Malden				
BE	unknown									ratto			n	
2	19e. INFORMANT'S NAME (Type/Print)		15							ber, City or Tow				
	Marie Wilson	1		36	05	Lync	h Di	rive	⊋, D	elmar	, Mo	d. 2	1875	
	20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 X Cremetion 3 ☐ Rem	oval from State	20b. PLACE cemetery, cr	remetory or o	ther place	1			DAT	20c. LC	CATION -	City or Tov	vn, State	
	4 Donation 5 Other (Specify) 21. SIGNATUBE OF FUNERAL SERVICE LIC	OFNORE	Wicc	micc	Me	em.			8/9	94 Sa	lisb	ury,	Md.	
	TA SERVICE LIC	ensee / in		•			D ADDRES					_		
	Tallicia	L Ll	enn	S						L Hom	_			
	23. PART I. Entar the diseases, or of ahock, or heart failure.	complications that	caused tha d	eath. Do r	not ente	r tha mo	de of dyi	ng, auc	h ss card	liac or reap	iretory arr	rest,	Approxim	nata
	IMMEDIATE CAUSE (Final	7		119				, /		/	1		Interval I Onest ar	
	disease or condition resulting in death)										1			
	DUE TO (OR AS A CONSEQUENCE OF):													
N	Sequentially list conditions,	· Hon	eal f	200	N	las	un	-					year	23
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	JE 10	OR AS A CORSE	QUENCE-OF	n: A								110	
5	CAUSE (Disease or injury	e Due fol	OF AS A CONSE	APRO O	200	n							rker	20
Ē	that initiated events resulting in death) LAST		yr na n comae	SOUTHUE OF									1000	
CE		d											1 -	_
	PART II. Other algnificant condition	a contributing to	death but not	reaulting	In tha u	nderlying	cause g	iven in	Part i.	24a. WAS AN			WERE AUTOPSY	
MEDICA										PERFOR	2		AVAILABLE PRIOR	
Ä												- 1	OF DEATH?	NO
ž	DID TOBACCO USE CONTI	RIBUTE TO CAI	JSE OF DEA	ATH YE	S 🗆	NO K	UNC	ERTAIN	<u>ч</u> 🗆					
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLA	CE OF DEAT	-	- / - /								
l Si	1 TYES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE 4 Nu	R: rsing Hom	5 XA.	sidence	8 🗆 Other	r (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF I (Month, Da	NJURY y, Ybar)	26b. TIM	E OF URY	28c. INJ	URY AT		28d. DE\$	CRIBE HOW I	NJURY OC	CURED		
BY	1 Natural 5 Pending Investigation				М		'ES 2 [NO						
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, a	INJURY — At he etc. (Specify)	ome, ferm, s	street, fac	ctory, office	•		26f. LOCA	ATION (Street or Town, State)	and Number	or Rural Ro	oute Number,	
	4 Nomicide determined													
COMPLETED		CIAN: To the best of r												
Š	one) 2 MEDICAL EXAMINE	R: On the basis of ex	emination end/or	Investigatio	n, In my	opinion, d	eath occur	ed st the	time, date	end place, en	d due to th	e ceuse(s)	end manner ee	stated.
ш	296. SIGNATURE AND TUTUE OF CENTIFIES	n					29c. LICE	NSE NUN	BER	,	29d DATE	E SIGNED	Horiti, Bay, Year	,
OB	11 1:	1				7	Z	201	12	6	**	8/	9/62	P
F	30. NAME AND ABDRESS OF PERSON WHI	O COMPLETED CALLS	E OF DEATH //TE	M OT /T	Orint)							-	1-1-1	-

21801 Md.

Riverside Dr., Salisbury,

Burton,540

ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Oswald

Dr.

8.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

enaea	MO.	10,	00/00/94	t, D.L.	, worces	cer co.
FOR			ATTE 05			

	t. DECEDENT'S NAME (First, Middle, Las					2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH					
		GEORGE V	VILLIAMS			Aug. 6,	1994	6:00					
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreig Country)					
	195 09 1984	1× M 2 □ F 8:		WAYS	HOURS MIN.	Sept. 4,	1912 F	ennsylvania					
	9e. FACILITY NAME (If not institution, give	e street end number)		9b. CITY, TOWN	OR LOCATION OF DE			Y OF DEATH					
DIRECTOR	9001 E. Biscay	ne Dr.		Oce	an City		Worce	ester					
EC	10e. STATE tob. COU	NTY	10c. CITY	TOWN OR LOC	ATION			10d. INSIDE CITY					
5	Maryland Wor	cester	Oce	ean Cit	V			LIMITS?					
AL	10a. STREET AND NUMBER				Of, ZIP CODE		tog. CITIZE	N OF WHAT COUNTRY?					
ERAL	9001 E. Biscayı	ne Dr.			21842		U.S.	A					
FUN	tt. MARITAL STATUS	12. WAS DECEDENT EVE		13. WAS DI	CENOENT OF NISPAI	NIC ORIGIN? (Specify		. RACE — American Indian,					
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OF	ES 2 NO DATES		specify Cuben, Mexice S 2 XNO Specif	on, Puerto Rican, etc.)		Specify: White					
TED	15. DECEDENT'S E (Specify only highest gro		16a. DECEDENT'S U	ork done during r		16b. KIND OF E	USINESS/INDUS	STRY					
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	the. Do NOT use	retired.)									
COMPL		2	Security					hysics Lab					
00	17. FATNER'S NAME (First, Middle, Last) EDMOND	14/2112	- Ma -		18 MOTHER'S NA	ME (First, Middle, Maid et KATE	on Sumeme)	(MOWN)					
85	19e, INFORMANT'S NAME (Type/Print)	Willia											
5	Catherine Newt	on Williams				Route Number, City or 1							
	20a. METHOD OF DISPOSITION				ayne Dr.	1							
	1 Buriel 2 Cremetion 3 Re 4 Donation 6 Other (Specify)	emoval from State	20b. PLACE AND DATE O cemetery, cremetory or off	ner placel		1		ry or Town, State					
	4 Donation 6 Other (Specify) 21. SIGNATURE OF UNERAL SERVICE		Cape Henl	open C	rematory	8/7/94 Fr	ankfor	d, Delaware					
	21. SIGNATURE OF UNERALISERVICE	LICENSEE			AND ADDRESS OF FA			8 Williams S					
1	W. List.	Buchoso		BUR	BAGE FU	NERAL H		erlin, MD 2					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
S	d												
DICAL	PART II. Other aignificant condit		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINE AVAILABLE PRIOR TO									
Sign							2 NO	COMPLETION OF CAL OF DEATH?					
ME								1 YES 2 NO					
	4.5												
Y	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (C)	neck only one)							
	1 YES 2 NO	HOSPITAL:	utpetient 3 DOA	OTHER:	me 5 Reeldence	6 Other (Specify)							
Sic	27. MANNER OF DEATN	26s. DATE OF INJUR	Y 285, TIME	OF 28c. II	JURY AT	28d. OESCRIBE NO	W INJURY OCCU	RED					
HYSIC		(Month, Day, Yee	r) INJU		YES 2 NO								
Y PHYSICIAN	1 Netural 5 Pending	2 Accident Investigation 28s. PLACE OF IN LIERY — At home form street factory office.											
BY	2 Accident Investigation	28e. PLACE OF INJU	JRY — At home, ferm, s	treet, factory, of	3 Suicide a Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office bullding, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
D BY	2 Accident Investigation 3 Suicide a Could not	28e. PLACE OF INJU	JRY — At home, ferm, si (pec/fy)	treet, factory, of	lice			r Rural Route Number,					
ETED BY	2 Accident Investigate 3 Suicide a Could not 4 Homicide determined	be 28e. PLACE OF INJU- building, etc. (S	(pecify)			City or Town, Sta	ite)						
ETED BY	2 Accident Investigation 3 Suicide a Could not determined 29e. CERTIFIER (Check only)	be 28e. PLACE OF INJU- building, etc. (S	owledge, death occurre	d at the time, de	te end place, end due	City or Town, Sta	nanner ee stated	i.					
ETED BY	2 Accident Investigation 3 Suicide a Could not determined 29e. CERTIFIER (Check only)	be 28e. PLACE OF INJU- building, etc. (S	owledge, death occurre	d at the time, de	te end place, end due	City or Town, Sta	nanner ee stated	ı.					
E COMPLETED BY	2 Accident Investigation 3 Suicide a Could not determined 29e. CERTIFIER (Check only)	28e. PLACE OF INJU- building, etc. (S IVSICIAN: To the best of my kr IINER: On the beste of examina	owledge, death occurre	d at the time, de	te end place, end due	City or Town, Sta	nanner ee stated end due to the	i. ceuse(s) end menner ee stat SIGNED (Month, Day, Year)					
BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAM 29b. SIGNATURE AND TITLE OF CERTIF	28e. PLACE OF INJU- building, etc. (S IVSICIAN: To the best of my kr IINER: On the best of examina	owledge, death occurre	d at the time, de	te end place, end due death occured at the	City or Town, Sta	nanner ee stated end due to the	i. ceuse(s) end menner ee stat					
E COMPLETED BY	2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAM 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADRESS OF PERSON	28e. PLACE OF INJU- building, etc. (S VSICIAN: To the best of my kr IINER: On the best of examina	owledge, death occurrention end/or investigation	d at the time, dent., In my opinion. Print)	te end place, end dud death occured at the 29c. LICENSE NU	city or Town, Sta	nanner ee stated end due to the	ceuse(s) end menner ee stat SIGNED ($Month, Day, Year$) $6-94$					
BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAM 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADRESS OF PERSON Dr. Dorothy C.	28e. PLACE OF INJU- building, etc. (S VSICIAN: To the best of my kr IINER: On the best of examina	owledge, death occurrention end/or investigation	d at the time, dent., In my opinion. Print)	te end place, end dud death occured at the 29c. LICENSE NU	city or Town, Sta	nanner ee stated end due to the	ceuse(s) end menner ee stat SIGNED ($Month, Day, Year$) $6-94$					
BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAM 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADRESS OF PERSON	28e. PLACE OF INJU- building, etc. (S IVSICIAN: To the best of my kr IINER: On the best of examina	ocath (ITEM 27) (Type,	d at the time, dent., In my opinion. Print)	te end place, end due death occured at the 29c. LICENSE NU	city or Town, Sta	nanner ee stated end due to the	signed (Month, De $6-94$					

- Johnson St.

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - STATE REGISTRAR	STATE OF M				F HEALTH AI		AL HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Mi	ddle, Last)						TE OF DEATH		3. TIME OF DEATH		
THOMAS LE	E WARD						GUST 1	1994	15:01 I		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YE		RS. 7. DAT	TE OF BURTH	1.5	BIRTHPLACE (State or Foreign Country)		
214-88-0794	1 🔀 M 2 🗆 F								irginia		
9a. FACILITY NAME (If not institu	ition, give street and number)		96. CITY, TO	WN OR LOCATION	OF DEATH		9c. COUNTY	OF DEATH			
Sand RD. RESIDENCE OF DECE 100. STATE Maryland	DENT		Pocomoke City						WORCHESTER		
10e. STATE 10	b. COUNTY			Y, TOWN OR L					10d. INSIDE CITY		
Maryland	Worcester]	Pocomo	ke City				LIMITS?		
					101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?		
13 Clarke A	venue				21851			U	SA		
10e. STREET AND NUMBER 13 Clarke A 11. MARITAL STATUS	12. WAS DECEDEN				DECENDENT OF H			or No- 14.	RACE — American Indian, Black, White, etc.		
1 Never Merried 2 Me 3 Widowed 4 Divorce	IF YES, GIVE W	YES 2 X	10		s, specify Cuban, N YES 2X NO		lo Rican, atc.)		Black, White, etc. Specify:		
						71			White		
(Specify only hi	ENT'S EDUCATION ghest grade completed)	(Gi	ive kind of t	USUAL OCCU	PATION g most of working	1	66. KIND OF BUS	NESS/INDUST	RY		
Elementery/Secondery (0-12 12 17. FATHER'S NAME (First, Middle	College (1-4 or 5 +	•)	Do NOT us	,							
12		Mec	hani	<u> </u>							
					100		t, Middle, Malden S	iumama)			
William A.							ornton				
19e. INFORMANT'S NAME (Type	Print)				reet and Number or I				(e)		
William A. W		1.	3 C1	arke A	ve., Poc	omoke	City,	Md. 2	1851		
20e. METHOD OF DISPOSITION 1 X Burlel 2 □ Cremetion	3 Aemoval from State	20b. PLACE A cemetery, cre		OF DISPOSITIO	N (Name of	1			or Town, State		
4 Donation 5 Other (Sp				<u>tist C</u>	emetery		/5 Poco	moke C	ity, Maryla		
21. SIGNATURE OF FUNERAL S	ERVICE LICENSEE				e and address of 150n Fun		Homo				
Scutt	S. Mel	m71			BOX 64,			Ftr Ma	. 21851		
disease or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in deeth) LAST	b	Shot (OR AS A CONSEC (OR AS A CONSEC (OR AS A CONSEC	DUENCE O	F):	to c	ches					
DID TOBACCO	conditione contributing to					en in Part I.	24a. WAS AN / PERFORI	MED?	24b. WERE AUTOPSY FINDIN AMILLABLE PRIOR TO COMPLETION OF CAUS OF DEATH?		
25. WAS CASE REFERRED TO N EXAMINER?	HOSPITAL:				6. PLACE OF DEAT	H (Check only	one)				
1 X YES 2 NO	1 🗆 Inpatient 2 🗆		□ DOA	OTHER:	Home 5 🗆 Reside	ence 6 XO	ther (Specify)	N TRU	JCK		
27. MANNER OF DEATH 1 Netural 5 Per	26e. DATE OF (Month, De	ay, Year)	28b, TIM IN,	JURY	WORK?		ESCRIBE HOW IN	JURY OCCURE	ED		
	estigation	-94	15:0		YES 2 N	0 50	15,ect	- Sho	<i>F</i>		
	ald not be 26e. PLACE Of building, building,	F INJURY — At horate. (Specify)	. 4		office	261. L	DCATION (Street all ity or Town, Stete)	nd Number or A	Bural Route Number,		
V Hometon dan	William Co.		Stre	er		2:	321 5	and	Rd		
A mark	ING PHYSICIAN: To the best of EXAMINER: On the bests of ex										
		4		, ar my opini			and prace, enc				
29b. SIGNATURE AND TITLE OF	CENTIFIER PO	//			29c. LICENS	E NUMBER		29d. DATE SIG	GNED (Month, Day, Year)		
20 NAME AND ADDRESS CO.	C C C C C C C C C C C C C C C C C C C	~				C.M.F		AUGI	IST 2,1994		
30. NAME AND ADDRESS OF PORTION R	ERSON WHO COMPLETED CAUS				et, Ba	ltimo	ore, Ma	rylar	nd 21201		
31. DATE FILED (Month, Day, Yes		R'S SIGNATURE									
II AUG O	o 1994 File	200 miles	-6.	4							

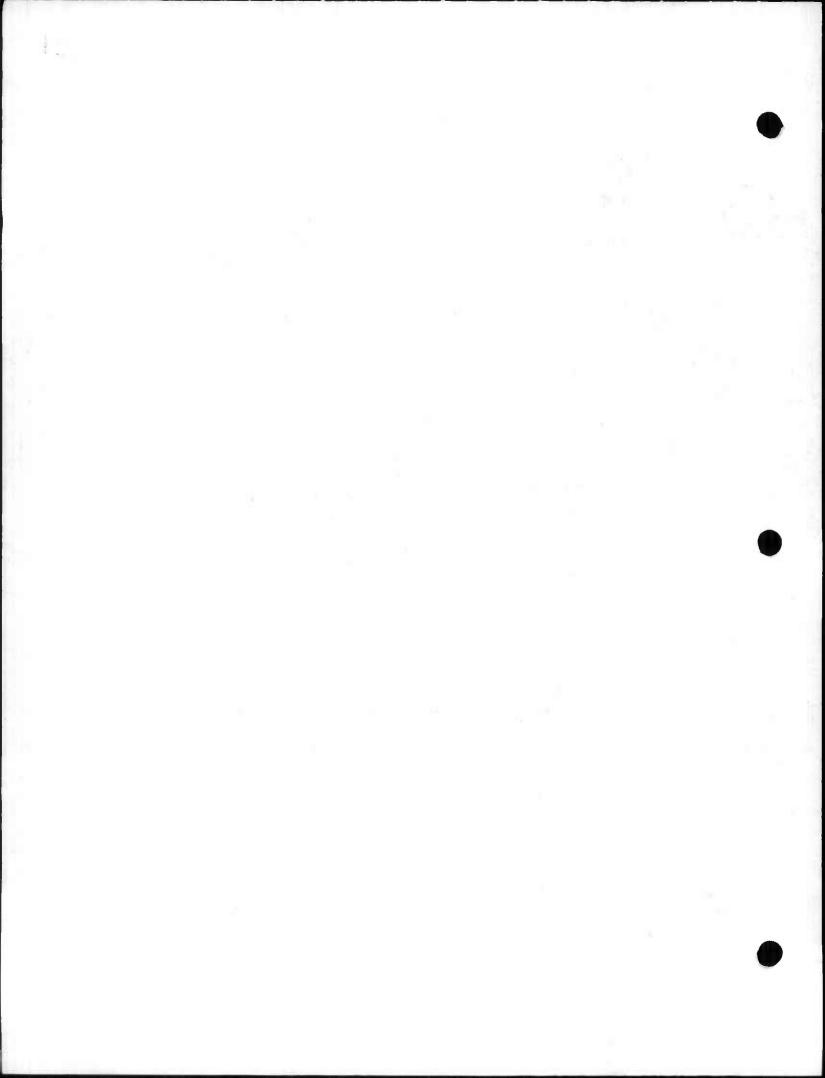
DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	3
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nous after death. Page 6 may be retained by the hospital or attending physicials.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transfit permits be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	L
IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	in!

		FOR	
1	_	STATE	
U	-	REGISTRAR	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	DEATH	RE	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Donald N	M. Willey			2. DATE OF DI MONTH	EATH DAY 06	YEAR 94	3. TIME OF DEATH 1437 M	
	4. SOCIAL SECURITY NUMBER 217-28-2730	5. SEX 6. A	GE (In yrs. last birthday) 62 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day, Oct 4	PTH (1607)	Count	HPLACE (State or Foreign hy) laryland	
TOR	99. FACILITY NAME (If not institution, give s 210 Oakley Stree RESIDENCE OF DECEDENT				mbridge	EATH		unty of OEATH Dorchester		
DIREC	Maryland Dor		10c. CITY, TOWN OR LOCATION Cambridge				10d. INSIDE CITY LIMITS? 1XX YES 2 \(\text{NO} \)			
IERAL	100. STREET AND NUMBER 210 Oakley Stree	t			01. ZIP CODE 21613		10g. Cl*	US	WHAT COUNTRY?	
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried XX Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVI FORCES? 1XX Y IF YES, GIVE WAR O Feb 51 I	ES 2 NO	If yes,	CENDENT OF HISPA specify Cuben, Mexico S 2 X Y10 Specifi	in, Puerto Rican,			E — American Indian, k, White, etc. WWhite	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)		,		16b. KIND	OF BUSINESS/IN	IOUSTRY		
BE CON	17. FATHER'S NAME (First, Middle, Last) Mitchell Will	еу				ME (First, Middle	, Maiden Surname)			
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G AODRESS (Stree	end Number or Rural	Route Number, Cl	ty or Town, State, Z	(ip Code)		
ř	Phyllis P. Wille	у	210 (Oakley S	treet Can	bridge	, Maryla	ind 2	1613	
	20e. METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Rem 4 Donation 8 Other (Specify)		20b. PLACE AND DATE cemetery, crematory or Md. Veter	of disposition (other place) Cem	etery	8/10	Hurlock	•		
	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE		Thor	and address of FA	al Home		Masu	land 21613	
	23. PART I Enter the diseases, or ehock, or heart fellure. IMMEDIATE CAUSE (Final	complications that cau List only one cause of	used the death. Do on each line.						Approximate Interval Batween Onset and Death	
	disease or condition resulting in death)	a. Corr. oue to (on	AS A CONSEQUENCE	of:	Disease				Heurs	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
DICAL CI	PART II. Other algnificant condition	na contributing to dear	th but not resulting	in the underly	ng causa given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	248	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ME	DID TOBACCO USE	CONTRIBUTE T	O CAUSE O	F DEATH	YES NO				OF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26.	PLACE OF OEATH (C	neck only one)				
YSI	1 TYES 2 NO	1 Inputient 2 CR/		4 - Nursing He	me 5 🗆 Residence	8 - Other (Spe	ecify)			
ВУ РН	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28e. OATE OF INJU (Month, Day, Ye	IRY 28b. Ti	IJURY 1	VORK? YES 2 NO	28d, DESCRIB	E HOW INJURY O	CCUREO		
	2 Accident 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)								Route Number,	
COMPLETED		ICIAN: To the best of my k ER: On the besis of exemin							e) end menner ee stated.	
H		one m/	0,		D32		29d. DA	0	0 (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WE Carl Bianco,	M.D.	300 Byr		Ca	ambridg	e,MD	2161	.3	
	AUG 1 0 1994	30. REGISTRAR'S S	signature an Randall							

10+1



examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
wal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.
the funeral director, page 5 should be detached for use as	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as
ler death. Page 6 may be retained by the hospital or atten	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death entificate be executed with. Abours after death. Page 6 may be retained by the hospital or atten
BALTIMORE, MARYLAND 2121	DIVISION OF VITAL RECORDS, P.O. BOX 68760.

DIVISION

L	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND /	DEPAR ERTIF					MENTAL	HYGIEN REG. NO.	_		
	1. DECEDENT'S NAME (First,			2. DATE OF MONTH				AY .	YEAR	3. TIME OF DEATH				
			nia Coat	es Wilde	ersor	1			08 03				94	6:18 Am
	4. SOCIAL SECURITY NUMBER	5. SEX	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		IF UNDER	UNDER 1 YEAR IF UNDER 24 HRS.		7. DATE OF BIRTH (Month, Day, Year)			8. BIRTHPLACE (State or Foreign Country)			
	215-05-8663 1 M 2 R F 84										2-29-09 Maryland			
Œ	Bon Secours Extended Care							OR LOCAT					NTY OF DI	
5	BON Secours	EDENT	nded Car	е		E	Ilio	cott	City	<u> </u>		Ho	ward	
DIRECTOR	10a. STATE	10b. COUNTY			10c, CI1	Y, TOWN C	OR LOCAT	TION			-Uay-			10d. INSIDE CITY LIMITS?
1.0	Maryland	How	ard			E11i								1 TES 2 NO
FUNERAL	100. STREET AND NUMBER						101	. ZIP COD	34			14.		VHAT COUNTRY?
INE	4410 Cross	Count	12 WAS DECEDED	T EVED IN II C AC	DMED	1 40	W# C DEC	210		NIC ORIGIN?				States
	1 Never Married 2	Married	FORCES?	YES 2 2	NO		If yes, sp	ecify Cubi	n, Maxice	en, Puerto Ric		or No-		— American Indian, , White, atc.
В	3 Widowed 4 Divor	rced	# 123, GIVE 1	WIN ON DATES			1 [] 123	2 🙀 NO	Specif	γ.			Specif	ite
COMPLETED	15, DECE (Specify only	EDENT'S EDUC highest grade	CATION completed)	(G	ECEDENT'S Sive kind of	work done	CCUPATIO	ON ost of work!	ng	16b. 7	(IND OF BU	SINESS/IND		
E	Elementary/Secondary (0-	-12)	College (1-4 or 5	+)	Do NOT u									
NE C	1.2 17. FATHER'S NAME (First, Min	ddle Leet)			Homen	laker		40 1407	UFDIO NA	ME (First, Min	Own I	-4111		
ECC	Robert Coa									oeth V				
00	19a, INFORMANT'S NAME (7)			19	b. MAILING	ADORESS	S (Street a			Route Numbe			Code)	
2	Dr. Charlo	otte W	<u>ilder</u> son							est Co				44
	20a. METHOD OF DISPOSITION	ON n 3 🗆 Remo	oval from State	20b. PLACE cometery, cre	ANDDATE	OF DISPOS	SITION (Ne				20c. LO			
	1. Burial 2 Cremetion 4 Donation 5 Other				dowri	dee			8	5-5-94	E13	ridge	e. M	D
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	Nav		H.W,	Uzre	2	4	112	01d	Colu	ımbia	Pike	E111	cott	City21043
	23. PART I. Enter the diseases or complications that cause on each line. Approximate interval Betwee Onset and Da											Interval Between Onset and Dasth		
	disesse or condition resulting in death) a. Justic Carcinoma Busting													
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFI	CAUSE (Disease or Injury that initiated events resulting in daeth) LAST DUE TO (OR AS A CONSEQUENCE OF):													
MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PREFORMED? PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE											AVAILABLE PRIOR TO		
	1 VES 2 NO													
SICIAN:	25. WAS CASE REFERRED TO	MEDICAL			_		24 DI	ACE OF C	EATH (C)	neck only one				
SICI	EXAMINER? 1 YES 2 NO		HOSPITAL:	FR/Outpatient 3	3 🗆 noa	OTHER	R:			8 Other				
PHY	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIN	IE OF	28c. INJ	URY AT	sucence		RIBE HOW I	NJURY OCC	CUREO	
ВУ Р		Pending nvestigation	(Month, I	Jay, Year)	IN	JURY M		YES 2	NO .					
8	3 Suicide 8 G	Could not be setermined	28s. PLACE (building	OF INJURY — At he atc. (Specify)	ome, term,	street, fact	tory, offic	a		28t. LOCAT City or	ION (Street i Town, State)	and Number	or Rural R	Route Number,
COMPLET			CIAN: To the best of a) and manner as stated.
EC		-3												
TO B	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 8-3-5-5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (For Print)													

30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

21044 Colomois 1

31. DATE FILEO (Morith, Day, Year)

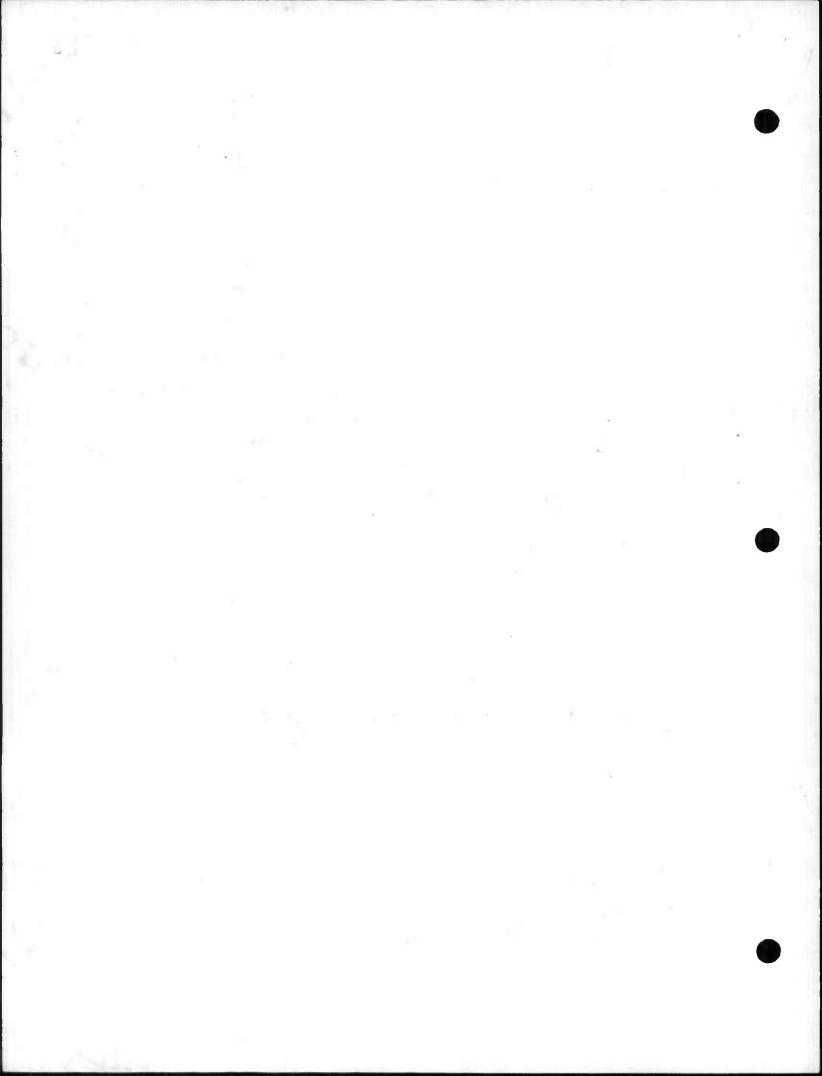
AUG 0 4 1994

JEL REGISTE

AUG 0 4 1994 122. REGISTRAR'S SIGNATURE

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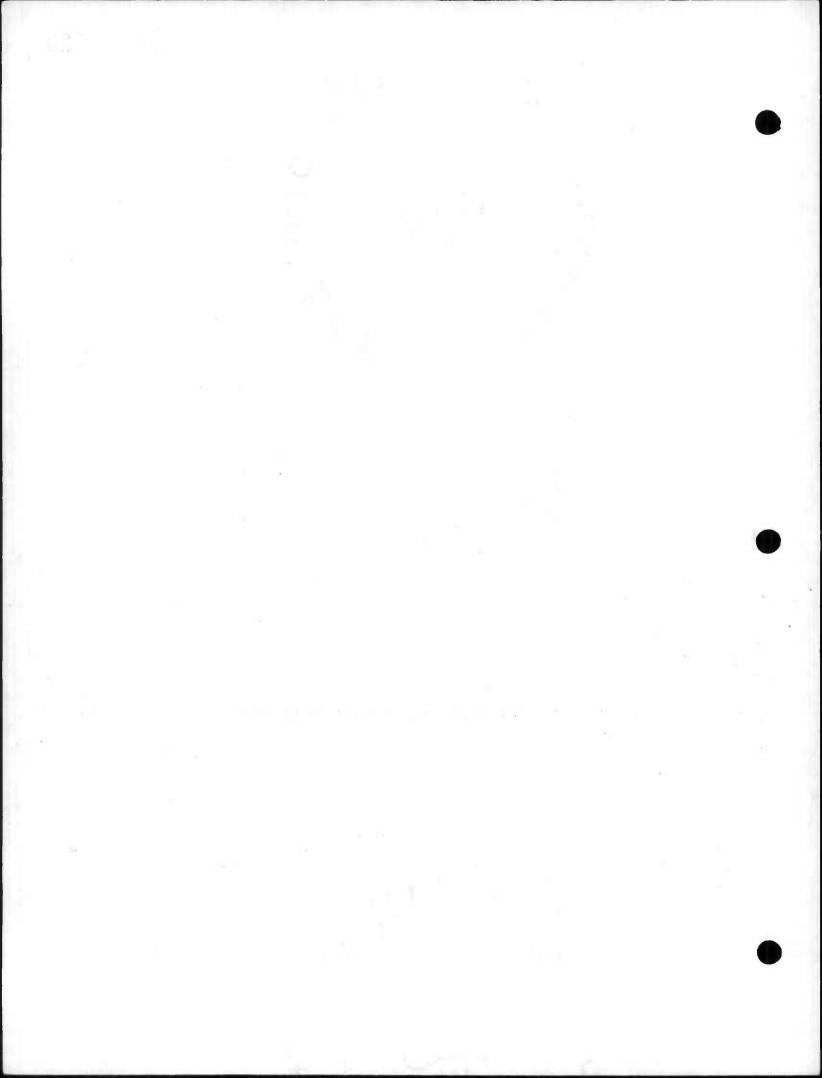
	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF I		IENTAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF GEATN		3. TIME OF DEATN		
	Harold	V.	Wrass	e		MONTH DA	3 94	507 AM		
	11		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dev. Year)	s. BIRT Coun	HPLACE (State or Foreign		
. 7	311 07 1730					(Month, Day, Year) 4-18-05	0h	Ohio		
2	Se. FACILITY NAME (If not institution, give stre				OR LOCATION OF DEA	тн	9c. COUNTY OF			
ō,	Howard County Gen	neral		Colum	bia		Howard			
E	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCA	TION		***	10d. INSIDE CITY		
2	Maryland How	ard	E	Illicott	City			LIMITS?		
3AL	10a. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
FUNERAL DIRECTOR	3606 Ligon road				21042			States		
	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN I	2 NO		CENDENT OF NISPANI ecify Cuban, Mexican,	C ORIGIN? (Specify Yes, Puerto Rican, atc.)	or No 14. RAC Bloc	E — American Indian, ik, White, atc.		
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES	1 🗆 YES	2 XNO Specify:		Spe	hite		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or	ITION omoleted)	16a. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BUS	INESS/INDUSTRY			
9	Elementery/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	rork done during me e retired.)	ost or working					
MP		4	Cable	Manufa			Industry			
	17. FATHER'S NAME (First, Middle, Last)				and the second second	E (First, Middle, Maiden :				
H	John Wrasse 19a. INFORMANT'S NAME (Type/Print)		10h MAILING	ADDRESS (Street	August	a uni-	known			
2	Mrs. Jane Wrasse					cott City.		<i>i.</i> 2		
	20e. METHOO OF DISPOSITION	20b. F	PLACE AND DATE O				CATION - City or To			
	1 Donation 5 Other (Specify)	001104	tery, crematory or ot Stro	her place)	7-	29-94 Cato	nsville	MD		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			ND ADDRESS OF FACE	LITY				
	XZZ	A YIJI	Los			ke Funeral		nc t City 21043		
	23. PART i. Enter the diseeses or co shock, or heert failure. Li	mplications that caused	the deeth. Do n	ot enter the me	ode of dying, such	as cerdiac or reepir	ratory errest,	Approximate		
	IMMEDIATE CAUSE (Fine)	st only one ceuse baleed	on line.					Interval Between Onset and Death		
	disease or condition resulting in death)	_ Card		acr	ost des					
		DUE TO (OR AS A C	CONSEQUENCE OF	0.	1					
ON	Sequentially list conditions, b.	DUE TO (OR AS A C	CONSEQUENCE OF	ewi	~ des	cate,				
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	Coaconi	a Pall	ly-				i l		
Ĭ.	CAUSE (Disease or Injury that initiated events	DUE TO OR AS A C	ONSEQUENCE OF	W .						
FE	resulting in death) LAST d.	hencel	tic a	nema	a gar	hourstin	of blec	Les		
	PART II. Other eignificent conditions	contributing to deeth bu						. WERE AUTOPSY FINDINGS		
CAL				undorrym	g could given in t	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
<u>=</u>						1 YES 2	□ NO	OF DEATH?		
2	DID TOBACCO USE CO	ONTRIBUTE TO	AUSE OF	DEATH \	ES NO			1 YES 2 NO		
NA.	25. WAS CASE REFERRED TO MEDICAL		37 TO 0 E	28. P	ACE OF DEATH (Chec	k only one)				
S	1 CT 4000 1 CT 410	HOSPITAL: 1 Inpatient 2 ER/Outpat	Nent 3 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Residence 8	Other (Specify)				
PHYSICIAN: MEDIC	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME		URY AT DRK?	28d. DEŞCRIBE HOW IN	JURY OCCURED			
B	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO					
	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJURY - building, atc. (Specify	– At home, farm, a	treet, factory, offic		28f. LOCATION (Street e. City or Town, State)	nd Number or Rural	Route Number,		
COMPLETED	29a. CERTIFIER									
MP	(Check only	AN: To the best of my knowled						T-117-10-10-10-10-10-1		
	29b. SIGNATURE AND TITLE OF CERTIFIER	On the basis of examination (end/or investigation	n, in my opinion, i						
H	Hanney State of Centifier	1 Octor			29c. LICENSE NUME	OLL I	29d. DATE SIGNED	(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO		N (ITEM 27) (Tyrus	Print)	109	04	- 112	8144		
	H- TAVASSOLI				AVE 31	6 Balt	MM 21	279		
	31. DATE FILED (Month, Day, Year) AUG 0 1 1994	REGISTRAR'S SIGNAT	DE D	27.0	,		-5 - /			
	AUG 01 1994	free diworder	whalf	_						



THE STREET STREET	TO BE COMPLETED BY BUYELCIAN. MEDICAL CERTIFICATION
I examiner must be notified at once.	(IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
val.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached for use as the hu	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction assets a stream of the describing the describing the describing the signed by the attending physician and completely filled in by the funeral direction assets a stream of the describing the descr
er death. Page 6 may be retained by the hospital or attending ph	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. A hours after death. Page 6 may be intained by the hospital or attending the
BALTIMORE, MARYLAND 21215-003	DIVISION OF VITAL RECORDS, P.O. BOX 68760

TE SISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
ENT'S NAME (First, Middle, Last)		2. DATE O	F DEATH

	1 - FOR STATE OF MARYLAND / DE CER	PARTMENT OF H		NTAL HYGIEN!	E						
	1. DECEDENT'S NAME (First, Middle, Last)										
		LKER	7	1/25/94	Y Y	1.15 PM M					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birt	MONTHS DAVE	IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)					
	313 00 3001 = 11	rrs.		01-30-50	TOTAL TOTAL						
œ	9a. FACILITY NAME (If not institution, give street and number) Prince George's Hospital	Cheve:	R LOCATION OF DEATH	1	of DEATH Ce George's						
6	RESIDENCE OF DECEDENT	сту		PIII	ce George s						
E	100. STATE 10b. COUNTY 10 Maryland Prince George's 10		10d. INSIDE CITY LIMITS?								
2	10. STREET AND NUMBER			1 X YES 2 NO							
FUNERAL DIRECTOR	6944 Forest Terrace	101	20785			of what country? ed States					
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED		ENOENT OF HISPANIC			. RACE — American Indian, Black, White, atc.					
BY F	1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		elfy Cuban, Maxican, P 2 X NO Specify:	varto Rican, etc.)	Specify:						
		SALTIO HOUSE COOKINGS	Black								
ETE	(Specify only highest grade completed) (Give In life Do	ENT'S USUAL OCCUPATION Ind of work done during mo NOT use retired.)	st of working	16b. KIND OF BUS	INESS/INDUS	TRY					
AP.		e Manager		Pri	vate						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME								
BE	Whit Stewart			M. Camp	pbell						
2	196. INFORMANT'S NAME (Type/Print) Antoine Walker 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6944 Forest Terrace, Landover, Md. 20785										
	Antoine Walker 6944 Forest Terrace, Landover, Md. 20785 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of place) Commetted 2 Cremation 3 Camerator of other place) Commetted 2 Cremation 3 Camerator of other place)										
	X Burtal 2 Cremation 3 Ramoval from Stata Cametery cremator 4 Događen 5 Other (Specify) Wasn.	Nat "I. Ce	emetery	7/29/94	Sui	tland, Md.					
- 4	21. SIGNATURE OF FUNDING LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	STEWART FUNERAL HOME 4001 Benning Rd. N.E., Wash. D.C.										
	23. Party) Enter the diseases, or samplications that caused the death.	Do not anter the mo	de of dying, such a	a cardiac or reapir	atory arres	t, Approximate					
	shock, or heart failure. List only one ceuse on each line. Interval Between Onset and Desth										
	freutting in death) . Invarachned Hemorhee 9don										
	DUE TO 40M AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSTOURNCE OF):										
CA	CAUSE (Disease or Injury										
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST										
EH CE	d										
AL	PART II. Other algnificant conditions contributing to death but not reau	AUTOPSY MED?	24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO								
DIC		1 TYES 2		COMPLETION OF CAUSE OF DEATH?							
ME	DID TODA COO LIGHT CONTRIBUTE TO CALLET					1 TES 2 NO					
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO										
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1										
ξ	27. MANNER-OF DEATH 28a. DATE OF INJURY 28	b. TIME OF 28c. INJ	URY AT 28	d. DESCRIBE HOW IN	JURY OCCUR	RED					
ВУБ	1 Natural 5 Pending 2 Accident Investigation		RK? 'ES 2 NO								
	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify)										
<u>E</u>	4 Homicide determined										
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner ee stated. 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.										
	A 4	stigation, in my opinion, d									
띪	296, 409 ATRIE AND TITLE OF CHITIFIEN	LICENSE NUMBE	IGNEO (Month, Day, Year)								
임	SE NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27)) (Type, Print)	002/	75	1/2	8/74					
					/						
	31. OATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE										
	1991 C. Maridan Rand	الملاك									
						DHMH-18 Rev 1/89					



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After	leath	-
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ğ	afte	0
DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the	hours	14 - 20 I - 14 - 14 - 15 - 14 - 15 - 15 - 15 - 15

		1 - FOR STATE REGISTRAR	STATE OF MARY	LAND /	DEPAR	RTMEN'	T OF H	EALTH DE A	AND I	MENTAL HYGIEN					
		1. DECEDENT'S NAME (First, Middle, Last) MASON W. WHITE								2. DATE OF DEATH MONTH O7 - 18- 94			3. TIME OF DEATH 4'14 PM		
		4. SOCIAL SECURITY NUMBER 578-40-5364	1 M 2 🗆 F	(In yrs. las	_		IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 05-29-2		6. BIRTHPLACE (State or Foreign Country) Marvland				
TOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF														
DIRECTOR					10c. CITY, TOWN OR LOCATION Washington								10d, INSIDE CITY LIMITS? (V) YES 2 NO		
FUNERAL		5436 Bas		10f. ZIP CODE 10g. CITIZEN OF WHA' U.S.											
B		11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IN U.S. AR 2 P DATES	NO If yea, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — Amer Black, White, e											
COMPLETED		15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th	CATION completed) College (1-4 or 5+)	(Give kind of work done during most of working							U.S. Government				
BE COM		17. FATHER'S NAME (First, Middle, Last) Mason T. W	nite						HER'S NA	ME (First, Middle, Maiden atrice Fe	Sumame)				
10 B		19a. INFORMANT'S NAME (Type/Print) Shirley Gaskin:			NG ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) O Sisalbed Dr., Cap. HGTS., Md. 20743										
THUSE D		20a. METHOD OF DISPOSITION **Cl Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of commetery, crematory or other piece) Lincoln Mem. Cem. 7/23/94 Suitland, Md.													
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY H.S. Washington & Sons, Inc. 4925 Burroughs Ave., N.E.								•							
911		23. PART i. Enter the disease, pr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, pr heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Arterior Clorotic Itear to Civil interval Between Onset and Death Onset and Death Out to (or as a consequence of): Sequentially list conditions. b. Arterior Clorotic Itear to Civil interval Between Onset and Death Onset and Death Onset and Death Out to (or as a consequence of): Your Sequentially list conditions.													
IN: MEDICAL CERTIFICATION		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST b. Tevrology O'Con As a Consequence of: DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.													
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Coughtive Heart Failure Phreumafair Arthritis 24a. WAS AN AUTOPSY FIN ANALABLE PRIOR TO COMPLETION OF CO									WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
SICI	ı	EXAMINER?	HOSPITAL:	antlant 2	_ pos	OTHER	16			ck only one)					
BY PHYSICIAN:	1														
0		3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)													
COMPLETE		29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner as stated.													
TO BE C		296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Morning Day, Your) 7/19/94													
		30. NAME AND ADDRESS OF PERSON WHO The Control of the Control of	COMPLETED CAUSE OF DE	ta	1 27) (Type,	Print)	05	ois	he	fly	I se	RA	2/50/		
1		JUL 2 6 199	1	MARIE	Bud	.00									

1	-	STATE REGISTR	Al
1	1. D	ECEDENT'S	N
2			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

	1 - STATE REGISTRAR	J J	CE	RTIF	ICATI	E OF	DEATH	141	REG. NO.	_				
8	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATH	1			
	ARGETTE	MARIE			WATSON			MONTH DAY		MA	94AR	3:15	P	
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last b		IF UNDER		IF UNDER 24 HRS.				A BIRTH	IPLACE (State or For		
	219-72-0240	1 M 2XQXF	34	MONTHS DAVE MOURE NAME (Month, Day,				forth, Day, Year)	Country)					
	9+. FACILITY NAME (If not institution, give str	eel and number)	-	Oh CITY	/ TOWN C	OR LOCATION OF DI	<u> </u>	10/ 1939	9c. COUNTY OF DEATH					
œ						verl		EAIR		Prince George's				
5	Prince George's		CHE	AGLI	ice G	eorge's								
EC	10e. STATE 10b. COUNTY	0e. STATE 10b. COUNTY					ION			10d. INSIDE CITY				
DIRECTOR	Maryland Prince	yland Prince George's				le						LIMITS?	10	
	10e. STREET AND NUMBER				101	ZIP CODE			10g. CI	TIZEN OF V	WHAT COUNTRY?	-		
FUNERAL	4600 Tuckerman Str	20737						111	5.A.					
3	11. MARITAL STATUS	MED	13.	WAS DEC	ENDENT OF HISPAN	NIC OR	IGIN? (Specify Yes	or No-	14. BAC	14. RACE — American Indian,				
	1 Never Married 2 Merried	FORCES? 1 I	YES 2XX	10		Il yes, spi	ecify Cuben, Mexico	ilcen, Puerto Rican, etc.)				Black, White, etc.		
B≺	3 Widowed 4 Divorced	11 120, 0112 1011	OHDAILS			1 153	2 NO Specify	vii)				Specify: Black		
ED	15. DECEOENT'S EDUC. (Specify only highest grade of	ATION	18a. DE	CEDENT'S	USUAL O	CCUPATIO	ON	16b. KINO OF BUSINESS/INDUSTRY						
ET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	se retired.)		st of working		D . 1					
P	12th grade		FOO	d Se	rvic	er			Priva	ite				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (FI	st, Middle, Maiden	Sumama)				
BE C	Ezra Payton						Mamie C	100	2					
	19e. INFORMANT'S NAME (Type/Print) 19b. MAIL					S (Street a	nd Number or Rural i	Route I	lumber, City or Tow	n, State, Z	'ip Code)			
임	Mamie Jackson		4	600	Tuck	erma	n Street	,	Riverd	lale,	, MD	20737		
	20e. METHOD OF DISPOSITION 1 X Burial 2 Cremetion 3 Remo-		20b. PLACE A						DATE 20c. LO	CATION -	- City or To	own, State		
	4 Donellon 5 Other (Specify)	val Irom State	Harmon	ny M	ther place)	ial	Park 8/	15/9	94 Land	lover	er, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	JUANUANA SUNTA 7474 Landover Rd. / Landover, MD 20785													
-4	Juliulu	- (/) · A	recex	101								20785		
	23. PART I. Enter the diseases, or compilications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart fellure. List only one cause on sech line.													
	IMMEDIATE CAUSE (Final													
	disease or condition resulting in death) . Preumonia 4 Days													
	resulting in death) e. Prevnonica Due to (or as a consequence of): ALDS 6 years													
CERTIFICATION	OUE TO (OR AS A CONSEQUENCE OF)													
FA	If any, laading to immediata ceuse. Enter UNDERLYING													
윤	CAUSE (Disease or Injury													
E	that initiated events resulting in death) LAST													
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	PART II. Other aignificant conditions	contributing to de	eth but not re	asuiting	in the u	ndariying	g cause given in	Part I	. 24a. WAS AN		24b	WERE AUTOPSY FIN		
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	DID TOBACCO USE (CONTRIBUTE	TO CAU	SE O	F DEA	TH Y	YES NO	OI	7					
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEATH (Ch	eck on	ly one)					
Sic		HOSPITAL: 1 Inpatient 2 E	R/Outpatient 3	□ DOA	OTHE!		n 5 🗆 Residence	8 🗆 (Wher (Specify)					
Ξ	27. MANNER OF BEATH	28e. DATE OF IN.	JURY	28b. TIM	E OF	28c. INJ	URY AT	9	DESCRIBE HOW I	NJURY O	CCURED			
	1 Natural 5 Pending	1 Matural 5 Pending (Month, Day, Year)			IURY M		RK? res 2 No							
BY	2 Accident 3 Suicide 2 Could not 28s. PLACE OF INJURY — At home, farm, street, factory, office							281. LOCATION (Street and Number or Rural Route Number,						
	8 Could not be determined building, etc. (Specify)							City or Town, State)						
COMPLETED	290. CERTIFIER													
MP	(Check only 1 CERTIFTING PRYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated.													
8	2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner se stated.													
BE	29th. SIGNATURE AND TITLE OF CESPITIER 29th. DATE SIGNED (Mirror, Day, Hur)													
2	W/W / Mars 13868 + 8/2/14													
- 1	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	DEATH OFEN	4 27) (Type	(Arina)		0	10	110			-		
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- 1	24 DATE Ell ED (March One Vac) . 4404	THE 22 DECLETO A DEC	CICHTITUDE	100										

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPIAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.

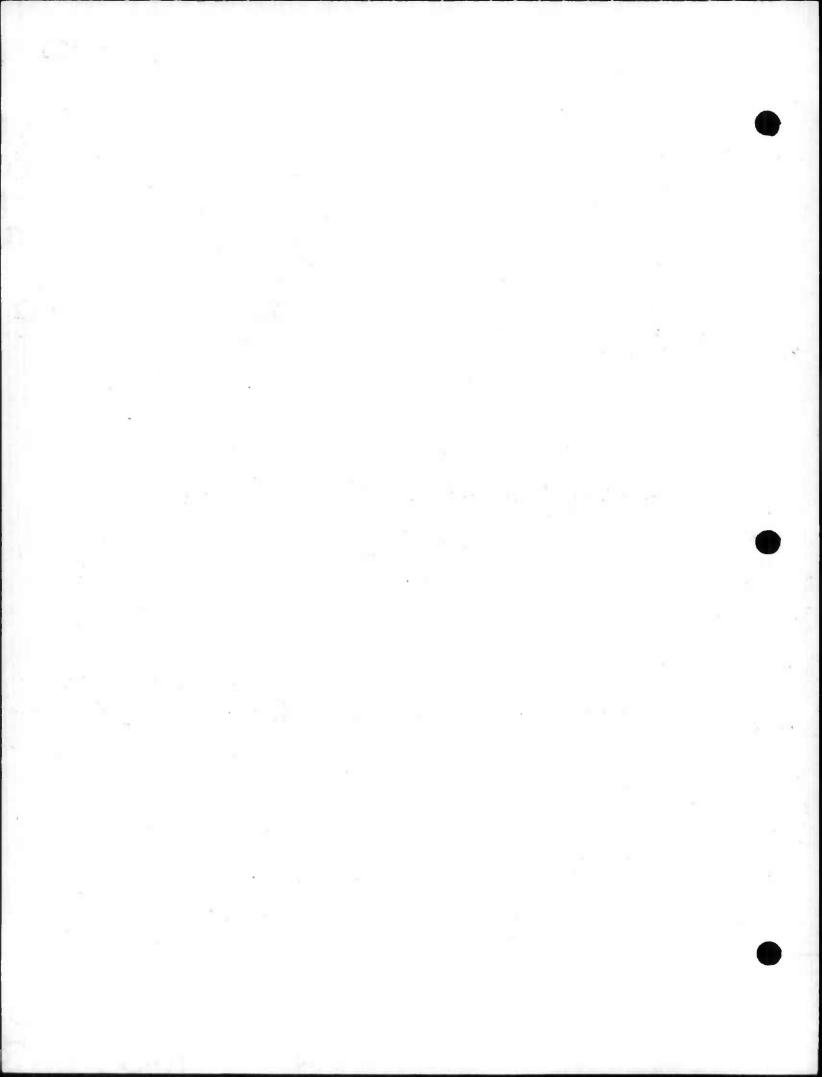
THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burgal-transit or removal.

The next within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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HISTORIANS SIGNATURE AUG 0'4 1994

DHMH-16 Rev 1/89



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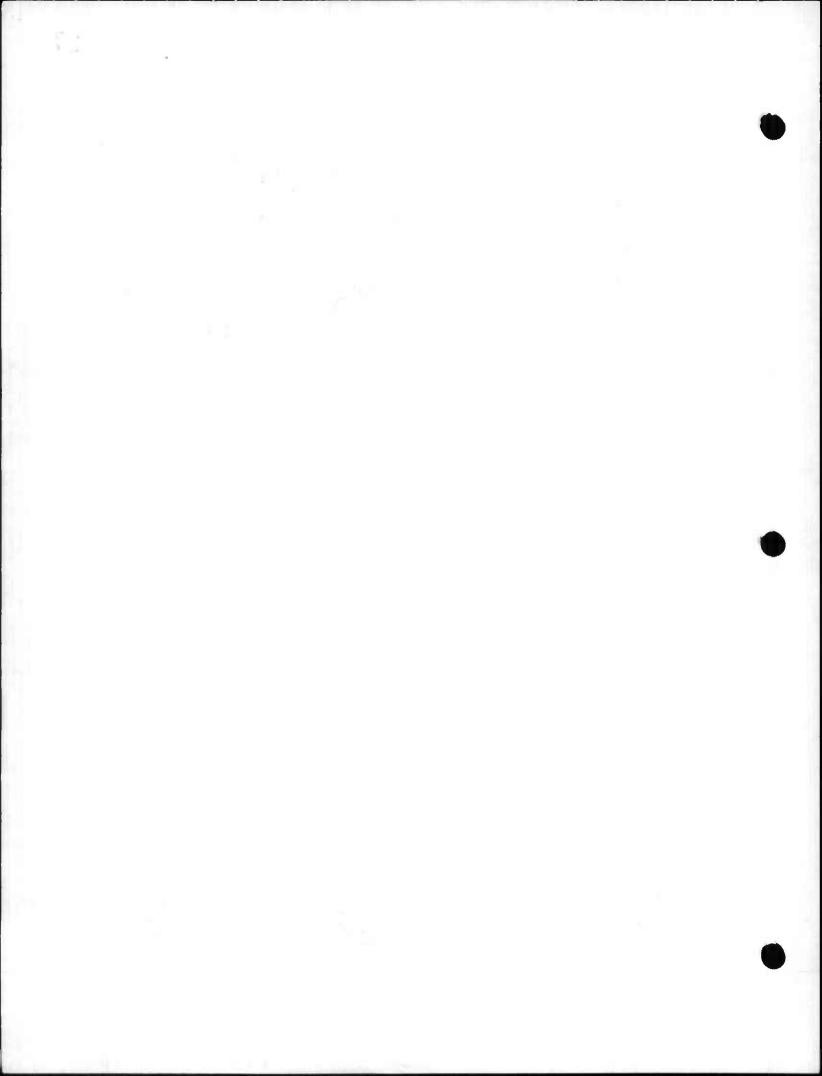
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		HOSPIT	FUNER	within	TANT	
		TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit arms.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

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Secondaria Education Codes	3 Widowed 4 Divor	reed	IF YES, GIVE W	AR OR DATE:	5	1 10	YES 2 K NO	Specify			Spe	
Computer Systems Manager Mutual Fund Company				16				in a	16b. KIND	OF BUSINES	S/INDUSTRY	
## MOTHERS NAME (First, Modes, Larder Franklin Hanson Ways ## MOTHERS NAME (First, Modes, Makes Sumany) ## MALANG ADDRESS (First and Mumber or Part Robe Anabook Cop to Your, State, 22 Code) ## State I. Ways ## 100 PALACE AND DATE OF DESPOSITION (Name of Anabook Cop to Your, State, 22 Code) ## 100 PALACE AND DATE OF DESPOSITION (Name of Anabook Cop to Your, State, 22 Code) ## 200 PALACE AND DATE OF DESPOSITION (Name of Anabook Cop to Your, State, 22 Code) ## 200 PALACE AND DATE OF DESPOSITION (Name of Anabook Cop to Your, State, 22 Code) ## 200 PALACE AND DATE OF DESPOSITION (Name of Anabook Cop to Your, State, 23 Code) ## 200 PALACE AND DATE OF DESPOSITION (Name of Anabook Cop to Your, State, 24 Code) ## 200 PALACE AND DATE OF DATE OF THE					Ille. Do NOT use	e retired.)						
### Pranklin Hanson Ways ### 1996. MAILING ADDRESS (Great and Mancher or Pural Protes Authors: City or Name, Stein, 25 Cook) ### 1996. MAILING ADDRESS (Great and Mancher or Pural Protes Authors: City or Name, Stein, 25 Cook) ### 1998. MAILING ADDRESS (Great and Mancher or Pural Protes Authors: City or Name, Stein, 25 Cook) ### 2006 PLACE AND DATE OF DISSOSTION DATE		4		Computer	r Syst						mpany	
The Informant's NAME (Typo-Peri) Esther I. Ways 190. MALING ADDRESS (Street and Number or fluid fluids Number, City or Sum, Sine, 2p Code) 9103 St. Andrews Place, College Park, MD 20740 20. METHOD or DESCORTION 20. DESCORTION Sine							200					
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23. BMS CASE REFERRED TO MEDICAL EXAMBET OF DISPOSITION Name of contributions in the limited development of contributing to desth but not resulting in the underlying cause given in Part I. 244. WAS ANA AUTOPSY PROPRIED CAUSE OF DEATH Check only one	The state of the second											
Section Committed Commit								Ртас				
22. NAME AND ADDRESS OF PACHITY Francis Casch's Sons Funeral Home, P.A. 4739 Baltimore Ave., Hyattsville, MD 20781 23. Part I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, inches of conditions, the conditions of the cause of the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, inches of conditions, leading in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury and Cause of Consequence OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 28. NAS CASE REFEREND TO MEDICAL Injury and the underlying cause given in Part I. 246. WER AN AUTOPSY PROMOSED OF COURTE OF COUR	1 🖾 Burial 2 🗆 Cremation	n 3 🗆 Remo	val from State					0 (DATE	20c. LOCATIO	N — City or i	Town, State
Francis Casch's Sons Funeral Home, P.A. 4739 Baltimore Ave., Hyattsville, MP 20781 20 Part I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 10 Determine the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 11 Due to (or As A consequence or): 22 Due to (or As A consequence or): 23 Due to (or As A consequence or): 24 Due to (or As A consequence or): 25 Due to (or As A consequence or): 26 Due to (or As A consequence or): 27 Due to (or As A consequence or): 28 Due to (or As A consequence or): 29 Due to (or As A consequence or): 29 Due to (or As A consequence or): 20 Due to (or As A consequence or): 20 Due to (or As A consequence or): 21 Due to (or As A consequence or): 22 Due to (or As A consequence or): 23 Due to (or As A consequence or): 24 Due to (or As A consequence or): 25 Due to (or As A consequence or): 26 Part II. Other significant conditions 27 Due to (or As A consequence or): 28 Due to (or As A consequence or): 29 Due to (or As A consequence or): 29 Due to (or As A consequence or): 20 Due to (or As A consequence or): 20 Due to (or As A consequence or): 20 Due to (or As A consequence or): 21 Due to (or As A consequence or): 22 Due to (or As A consequence or): 23 Due to (or As A consequence or): 24 Due to (or As A consequence or): 25 Due to (or As A consequence or): 26 Due to (or As A consequence or): 27 Due to (or As A consequence or): 28 Due to (or As A consequence or): 29 Due to (or As A consequence or): 20 Due to (or As A consequence or): 20 Due to (or As A consequence or): 21 Due to (or As A consequence or): 22 Due to (or As A consequence or): 23 Due to (or As A consequence or): 24 Due to (or As A consequence or): 25 Due to (or As A consequence or): 26 Due to (or As A consequence or): 27 Due to (or As A consequence or): 28 Due to (or As A consequence or			Secre	FOL	r Priico					brenty	vood,	Maryland
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### STATE OF DEATH Server of conditions California	man	CN	tre	en	2	473	9 Balt	imor	e Ave.	,Hyatt	sville	e, MD 20781
25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Netural S Pending Invastigation Pendi	Sequentially list condition if any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or Injuithat initiated events	ons, flate NG ry	DUE TO (OR AS A CO	NSEQUENCE OF););	(1)4)					6 mos.
EXAMINER? VES 2 NO	PART II. Other significan	nt conditions	contributing to o	leath but (not resulting in	n the under	lying cause	given in		PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE DF INJURY (Morith, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28b. PLACE OF INJURY — At home, farm, street, factory, office 28c. INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW I		_	HOSPITAL				6. PLACE OF I	DEATH (Chi	ck only one)			
1 Netural 2 Accident 3 Sulcide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. LICENTION (Street and Number or Rural Route Number, City or Town, State) 28e. LICENTION (Street and Number or Rural Route Number, City or Town, State) 28e. LICENTION (Street and Number or Rural Route Number, City or Town, State) 28e. LICENTION (Street an			1 Inpatient 2			4 - Nursing	Home 5 XR	lesidence	6 Other (Spe	clfy)		
2 Accident Investigation Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office 28a. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Mo		Pending				URY	WORK?		28d. DEŞCRIBI	E HOW INJURY	Y OCCURED	
29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER Albert E. Rolle, M.D., 3800 Reservoir Rd., N.W., Washington, D.C. 20007 12 RecistRaps's Services of person who completed cause of pearth (ITEM 27) (Typo, Print) Albert E. Rolle, M.D., 3800 Reservoir Rd., N.W., Washington, D.C. 20007	2 Accident	rivestigation	28a PLACE OF	IN.II IRY	At home form of			_ NO	201 / 004701			
(Check only one) 1 A CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 20 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 129c. LICENSE NUMBER D 0 7967 29c. LICENSE NUMBER D 0 7967 120 Licely 30 1994 Albert E. Rolle, M.D., 3800 Reservoir Rd., N.W., Washington, D.C. 20007	_ 。 _ ,		building, e	tc. (Specify)	at nome, term, a	reet, factory,	Office				mber or Hura	I Houte Number,
Albert E. Rolle, M.D., 3800 Reservoir Rd., N.W., Washington, D.C. 20007	(Check only											o(a) and menner as stated.
Albert E. Rolle, M.D., 3800 Reservoir Rd., N.W., Washington, D.C. 20007	Allerts	RK	le	1.0	(TEM AN C	Defeat)				4.54.4	1,446	
31. DATE FILED (Morth, Day, Year) 100 4 32. REGISTRAP'S SIGNATURE Annual IL							N.W.,	Wash	ington	, D.C.	2000	1
AUG 0 3 1994 gene Landson-Mandale	31. DATE FILED (Month, Day, Y	3 199	32. REGISTRAN	's signatu	son-Rand	lall)			

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



		FOR
1	-	STATE
8		REGISTRAR

1 - STATE REGISTRAR	STATE OF MARY			NI UF F				IYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Lest)							2. DATE OF	OEATH	2		3. TIME OF DEATH
Ellis Day Wilson		_					July	28		994	11:15 P M
		E (In yrs. last birthd	MONTH	DER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF (Month, De		1	8. BIRTH Countr	IPLACE (State or Foreign
370-20-2410	Ĭ M 2 □ F	68 YR	S.				June 2			Mar	yland
9e. FACILITY NAME (If not institution, give street	•			ITY, TOWN		ON OF DE	ATH		9c. COU	NTY OF D	EATH
266 Wayson's Mobil	Le Court		Lo	thiar	1				Anne	Aru	ndel
10a. STATE 10b. COUNTY		10c.	CITY, TOW	N OR LOCAT	TION						10d, INSIDE CITY LIMITS?
Maryland Anne Ar	undel	1	Lothi	an	11						1 TES 2 NO
10e. STREET AND NUMBER					. ZIP CODE						VHAT COUNTRY?
266 Wayson's Mobile		20711					S.A.				
1 Never Married 2 Married	WAS DECEDENT, EVER FORCES? 1 A YE IF YES, GIVE WAR OR	S 2 NO		If yes, sp	ENDENT O ecity Cube 2 X NO	n, Mexica	IIC ORIGIN? (S n, Puerto Rica :	ipecify Yee n, atc.)	or No—	14. RACE Black Specie	— American Indien, s, Whita, atc.
15. DECEDENT'S EDUCATI	WW2	16a. DECEDEN	T'S HEHAL	OCCUPATION	201		1 401 1/10				White
(Specify only highest grade com-	npleted)	(Give kind	of work do	ne durina ma	ost of workin	9	12-7-21		c Un		city
8 8	College (1-4 or 5 +)	Engin	neer					lege	C OII	TAGE	BILY
17. FATHER'S NAME (First, Middle, Last)					18. MOTH	ER'S NA	ME (First, Midd		Surname)		
William Lawrence W	Vilson				Mar	у Му	rtle I	ee			
19a. INFORMANT'S NAME (Type/Print)							Route Number, (
Wayne J. Wilson						d Ij	amsvil				21754
20e METHOD OF DISPOSITION 1 🖾 Burlal 2 🗆 Cremation 3 🗎 Removal 4 🗆 Donation 5 🗀 Other (Specify)	from Stata	ob. PLACE AND DA emetery, cramatory OTT LIN	TEOFOISP or other plac COLTI	Ceme 1	me of	08-0	DATE	Rrot	CATION —	City or To	wn, State
21. SIGNATURE OF FUMERAL SERVICE LICENS	SEE	/	2	22. NAME AL	NO ADDRES	S OF FA	CHITY	_			
1 Vach X	7										e, P.A.
23. PART 1/Enter the diseases, or com	plications that caus	ed the death. D	o not an	ter the mo	de of dyl	IIIOTE	AVE.	or reapi	retory an	111e	MD 20781
ahock, or haart fallure. List	only one cause on	aach iina.									intarval Between Onset and Daath
disease or condition	DUE TO (OR AS	A CONSEQUENCE	del	grafe	retiv			-			12-
	ENGRA	O CALAR	C OF):	f.o	1	50-1					10000
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE	E OF):	1	000	1600					1,0/3
CAUSE (Disease or injury	servere o	itleros	cleros	45							
that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENC	E OF):								
d											
PART ii. Other significant conditions co	ontributing to death	but npt rasultion	ng in the	undarlying	g cause g	lven in	Part i. 24	. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
							10	YES 2			COMPLETION OF CAUSE OF DEATH?
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DID TOBACCO USE CO	MAIKIDUIE IC	CAUSE	OF DE		ES 🖸	NC					
EXAMINER?	OSPITAL:	stantiant 2 - 55	отн	ER:	1.10/3-		eck only one)				
27. MANNER OF DEATH	28a. DATE OF INJURY	7 28b.	TIME OF	28c. INJ		sidence	8 Other (Sp 28d, DESCRI		JURY OC	CUBED	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year))	INJURY M		PRK7	NO					
3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number,								loute Number,			
4 Homicide determined	Delivering, arc. (5).	recity)					City or ic	wn, State)			
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 0) and manner on etaled
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 280. BIGNATURE AND TITLE OF CERTIFIER 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Year)											
Middle all	Micha	ol Lnosh,	mo		Da	201	2 7		-	7/	1011
Mithael Lincoln,	OMPLETED CAUSE OF E MD 103 / 32. REGISTRAR'S SIG	3 G-CB	Type, Print)	Anc.	Si	lver.	Spring	MI) 20	90	2
AUG 0 3 1994	32. REGISTRAR'S SIG	MATURE Par	rdall				0				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hospital or attending physician.

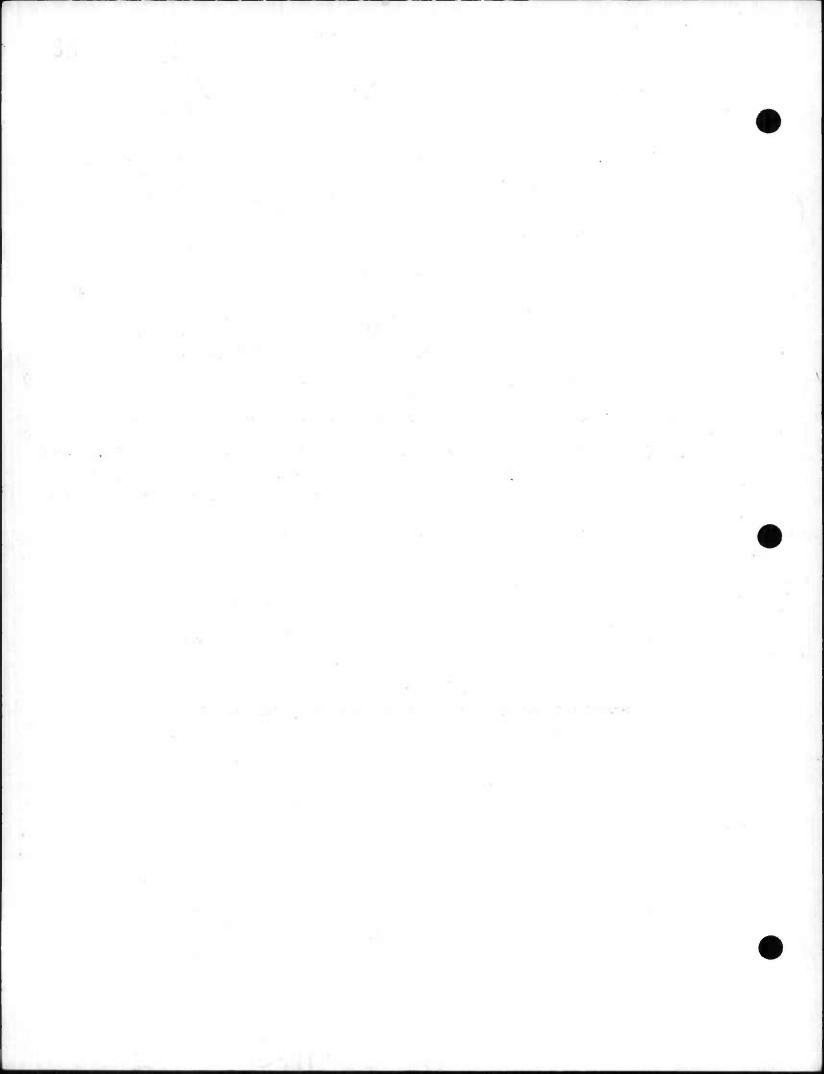
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages is be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



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AUG 0 3 1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DROBIS

32. REGISTRAR'S SIGNATURE a Paydson-Randall

10810

this certificate h Item

After ti

CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF GEATH 3. TIME OF OEATH JULY 5:20 CAROLYN V. MC WHIRTER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 6. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR DAYS HOURS YRS. 579-68-7236 1 M 2 XF 44 18 DECEMBER 49 WASHINGTON, D.C 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MONTGOMERY HOLY CROSS HOSPITAL SILVER SPRING RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? SILVER SPRING MONTGOMERY MD XX YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20906 U. S. A. 3142 HEWITT AVE. 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 24 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 24
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married ВУ 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 12 GRADE GOVERNMENT CUSTOMS AGENT 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle Meiden Surname LEROY STROTHER LUCIE THOMPSON BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 222 HARRY TRUMAN DR. UPPER MARLBORO, MD. 20772 BARBARA HERRON 20a METHOD OF DISPOSITION
1 ABurial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State GATES OF HEAVEN SILVER SPRING, MD. 4 Donation 5 Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOHNSON & JENKINS INC. Kerdam 716 KENNEDY ST. N.W. W.D.C. 20011 Will 23. PART I. Enter the diseases, of complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory strest, shock, or heart felluring List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onsat and Death CANCER disease or condition DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) CERTIFICATION Sequentially list conditions, OUE TO (DR AS A CONSEQUENCE OF). if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury QUE TO (OR AS A CONSEQUENCE OF): thet initieted eventa resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMEO? AWAIL ARLE PRIOR TO MMO THORAP COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one HOSPITAL OTHER: 1 YES 2 NO Impatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Raeldance 6 - Other (Specify) 28a. DATE OF INJURY (Month, Oay, Year) 27. MANNED OF DEATH 28c. INJURY AT WORK? 28d, OESCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 3 Sulcida 28s. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town. State) 8 Could not be 4 Homicide datarmined COMPLET 29a. CERTIFIER 1: CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the filme, data and place, and due to the cause(a) and manner as stated. beals of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNEO (Month, Day, Year) MD 8137 2

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HOSPITAL OR ATTENDING PHYSICIAN. The I THE HOSPITAL CONTROL OF THE FUNERAL DO THE MININ 72 HO

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ENDING PHYSICIAM: The law requires that the death certificate be executed within a hours after death. Page it may be retained by the hospita	œ	iter death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

d for use as the burial-transit TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an four after death. Page it may be maked by the attending physician and completely filled in by the funeral director lines 5 should be discretely within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN REG. NO.	E					
	1. DECEDENT'S NAME (First, Middle, Last)			WILLIAMS	2. DATE OF DEATH	W YEAR	3. TIME OF DEATH				
		VERNA	G.	July 26,	10:20 a M						
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BH	RTHPLACE (State or Foreign				
	215-20-7240	1 M 2 X F 7	YRS.	ONTHS DAYS HOURS MIN.	Feb 4, 19						
-	9a. FACILITY NAME (If not institution, give		9	b. CITY, TOWN OR LOCATION OF D	EATH	9c. COUNTY O	F DEATH				
DIRECTOR	Memorial Hospit	CEDENT									
RE(10e. STATE 10b. COUNT	. ,		TOWN OR LOCATION			10d, INSIDE CITY LIMITS?				
	WV Mine	ral	MITE	y Ford			1 TYES 2 NO				
FUNERAL	Box 139			101. ZIP CODE 26767	7	USA	F WHAT COUNTRY?				
5	11. MARITAL STATUS	TOPOSTOR AND THE STATE OF THE S									
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, specify Cuban, Maxic		Si	lack, White, atc.				
		<u> </u>		1			hite				
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	e completed)	(Give kind of wor	BUAL OCCUPATION ix done during most of working retired.)	16b. KIND OF BUS	SINESS/INDUSTR	Y				
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)			3						
NO.	17. FATHER'S NAME (First, Middle, Last)		retired		AME (First, Middle, Maiden	ug sto	re				
ŏ						Surname)					
BE	Frank Wagoner 196. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	Delphi DDRESS (Street and Number or Rural		State 7in Corte					
2	Oscar	Williams		139 Wiley Fo		767					
	20a. METHOD OF DISPOSITION	20h		DISPOSITION (Name of		CATION — City or	Town, State				
	1X Burial 2 Cremation 3 Ran 4 Donation 5 Other (Specify)	noval from Stata cem	etery, crematory or othe	Cemetery	7/29/ Fo						
	21. SIGNATURE OF FUNERAL SERVICE LE		AL ASHOY	22. NAME AND ADDRESS OF F. Scarpelli I	ACILITY	I C ZESTE	,y ***				
	Dames -	1 d) 10-01	10				0.2				
-	23. PART I. Enter the diseases, or	complications the caused	the death De not	Cumberland							
	immediate cause (Finel disease or condition resulting in death)	. List only one cause on ea	ch line.	Carcinom	0 0	ent.	Approximate interval Between Onset and Death				
	remorting in death)	DUE TO (OR AS A	CONSEQUENCE OF):	Daga	0 1 0	MiAn	11001				
N	Sequentielly list conditions,	b. DUE TO (OFFAS A	orstan	(Bush	- 10 18	revoll	[mund				
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (DATE A	CONSEQUENCE OF):	Daniel C	Ohnin.	O 1	12-3 m				
임	CAUSE (Diseeae or injury thet initieted events	C. DUE TO OR AS A	CONSEQUENCE OF):	(search)							
E	resulting in deeth) LAST			(\cup \cup						
		0									
CAL	PART II. Other significant condition	ne contributing to death be	ut not resulting in	the underlying cause given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
PHYSICIAN: MEDIC					1 TES 2	DNO	OF DEATH?				
Σ	DID TORACCO LICE	CONTRIBUTE TO	CALISE OF	DEATH VEC CO N			1 TYES 2 NO				
AN	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	T CONTRIBUTE TO	CAUSE OF	28. PLACE OF DEATH (C	o 🔟						
20	EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:							
HYS	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME (☐ Nursing Home 5 ☐ Rasidence DF 28c. INJURY AT	8 Other (Specify) 28d. DESCRIBE HOW II	HIDV OCCUBED					
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	WORK? M 1 YES 2 NO	200. DESCRIBE NOW II	WORL OCCORED					
BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY	— At home, farm, atre		281. LOCATION (Street a	nd Number or Bur	mi Boute Number				
COMPLETED	4 Homicide 8 Could not be	building, atc. (Speci	rfy)	7.2.01	City or Town, State)		a round work				
۳	29a. CERTIFIER CERTIFYING PHYS	ICIAN: To the heat of my knowl	4- 4-4								
M				et the time, data and place, and du- in my opinion, death occured at the			ne(a) and manner as stated				
	29b. SIGNATURE AND TITLE OF CERTIFIE	_/_	•								
BE		12		D 2337	10.70	D T	29790				
유	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type. Pr			-//					
	Dr. Qamar Zamar				umberland,	MD 215	02				
1	31. DATE FAUG 0 3 1994										
	- 0 100T										

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the property after the feath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, La	st)							2. DATE OF DEATH			3. TIME OF DEATH
	ANN CLET	A WELLS							AUGUST 2 M	994	YEAR	10:10 A.
	4. SOCIAL SECURITY NUMBER										IPLACE (State or Foreign	
	214-46-3745	1 ☐ M 2 🂢 F	80 YRS. MONTHS DAYS HOURS MIN. JAN 31 1914 MA							MAR	YLAND	
	9a. FACILITY NAME (If not institution, given	e street and number)			9b. CI	TY, TOWN	OR LOCATI	ON OF DI	EATH	9c. COU	NTY OF C	DEATH
HOT:	LIONS MANOR NURSING HOME CUMBERLAND ALLEGANY										ANY	
DIRECTOR	MARYLAND 106. COU											10d. INSIDE CITY LIMITS? 1 1 YES 2 1 NO
	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WI									A		
229 BALTIMORE AVENUE 21502 U.S.A.										Α.		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Ye If yes, specify Cyban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:							n, Puerto Rican, atc.)	Black, White, atc. Specify:			
	15. OECEDENT'S E	DUCATION	1	8a. DECEDENT'	I IAUSU S	OCCUPAT	NON		16b. KIND OF BUS	INECC/IN	HISTON	WHITE
COMPLETED	(Specify only highest gr Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of life, Do NOT	work don	e during n	nost of working	ng	IOD. KIND OF BOS	111633/114	J031111	
4	12	College (I-4 or 5		HOUSE	KEEP	ER			HOUSE	KEE	PER	
O	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, Middle, Meiden	Sumame)		
BE C	HARVEY CROSB	Y					ANI	NA	BEAL			
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRE	SS (Street	t and Number	or Rural	Route Number, City or Town	n, State, Zij	Code)	
٩	ANN COMBS						K STR	EET	CUMBERLAND	MAR	YLAN	D 21502
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 R 4 Donation 6 Other (Specify)	emoval from Stata		ACE AND DATE	Der CR	EMAT	TORY		3 1994 CUM	BERL		MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE)		P.	ERR	AND ADDRE	ss of fa	FUNERAL H	OME		
	Wale &.	Herno							TREET CUMB		M UN	ARYLAND
	23. PART I. Enter the diseases, o shock, Dr heert feitur IMMEDIATE CAUSE (Finel disease Dr condition resulting in deeth)	e. List Dnly Dne cau	dion	h line.	no.		_		Lerl	ratory ar	rest,	Approximate Interval Between Onset end Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								10010			
- 11	PART II. Other significent condit	ons contributing to	death but	not resulting	in the t	underiyi	ng ceuse	niven in	Part i. 24s, WAS AN	AUTOPSY	241	. WERE AUTOPSY FINDINGS
MEDICAL									PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
A N	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE	10 6	AUSE OF	DEA	_	YES 🗌	NO	93			
	EXAMINER?	HOSPITAL:			OTHE	ER:			eck only one)			
PHYSICIAN:	27. MANNER OF DEATH	1 Inpatient 2 28s. DATE OF (Month, D	INJURY	28b. TI	ME OF	28c. If	NJURY AT YORK?		6 Other (Specify) 28d. DESCRIBE HOW II	JURY OC	CURED	
р Ву	2 Accident Investigation 28s PLACE OF INJURY — At home farm street factors office 28s PLACE OF INJURY — At home farm street factors office 28s PLACE OF INJURY — At home farm street factors office 28s PLACE OF INJURY — At home farm street factors office 28s PLACE OF INJURY — At home farm street factors office 28s PLACE OF INJURY — At home farm street factors office 28s PLACE OF INJURY — At home farm street factors of the place of t								Floute Number,			
Ë	4 Homicide detarmined											
COMPLETED									to the cause(a) and man time, data and place, and			a) and manner as stated.
TO BE C	296. BIGHATURE AND TITLE OF CERTIF	USP	ist	2 c	_			ENSE NUI		29d. DAT	8 · 3	(Month, Day, Year) - 94
	DR WAYNE SPIGO		1111			BERL	AND M	ARYI	AND 2150	2		
	31. DATE FIAUG 10 4 1994	32. AEGISTA	AR'S SIGNO	World								

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3. TIME OF DEATH

0850 HRM

Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

2. DATE OF DEATH

JULY 30

			4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH			LACE (State or Foreign
		1	214 36 7145	1 🗆 M 2 🗔 🗜	100	YRS.	MONTHS	DAYS	HOURS	MIN. (Month, Dey, Year) Country) Dec. 30, 1893 MD				
3 should		1	9e. FACILITY NAME (If not institution,	give street and number)	1 100		9b. CITY, 1	TOWN C	OR LOCATIO	ON OF DE			NTY OF DEA	
		DIRECTOR	Memorial Hos	pital				CU	MBER	RLAN	D	1	ALLE	GANY
		RE		OUNTY			Y, TOWN OF						1	10d. INSIDE CITY LIMITS?
74	1		MD Allegany Cumberland								1	YES 2 NO		
	P. Lan.	FUNERAL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WI 404 Prince George Street 21502 USA										IAT COUNTRY?	
O ician	.eh	S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yee or No. 14. R.								14. RACE -	- American Indian,		
5-0020 nding physic	-1	ВУ Е	TO MEN ON THE PARTY OF THE PART							Black, Whits, etc. Specify: White				
215 attend		ED	15. DECEDENT'S (Specify only highest	S EDUCATION	16e, OE	CEDENT'S	USUAL OCC	CUPATIO	ON		16b, KIND OF E	USINESS/INC		re
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ON proper	rd.	MPI	12		ho	mema	ker					wn ho	me	
A H S	1 ance	8	t7. FATHER'S NAME (First, Middle, La	st)					18. MOTH	IER'S NAI	NE (First, Middle, Meid	en Sumeme)		
RYL ad by 1	pe st	B	William A. K		T.,				Ann		(Deatell			
MA netain 5 sho	notified	2									oute Number, City or T			
E pe pe	2		200. METHOO OF DISPOSITION	Coakley	20b. PLACE					Str	OATE 20c.	thure		
MOR Age 6 ma	must	1	5 Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify,	Removal from State	cametery, cre	emetory or o	ther place)				1			
M P			21. SIGNATURE OF FUNERAL SERVI		Hillo	rest	22. N	AME AN	ND ADDRES	S OF FAC	ILITY	umber	land	MD
ALT!			· (lane	7 x10 x	in IN	1 -					uneral H		1	
after by the	E S		23. PART I Enter the diseases	, or complications th	at caused the de	eath. Do	not entar t	the mo	da of dyi	ng, such	Marylan	piratory an	1502	Approximate
3760, tted within ours completely filled in	on, or		/ ahock, or haert fall	llure. Liet only one ca	Man		tens		2'rea					Interval Betwee
S, P.O. BOX 68760, death certificate be executed with statending physician and complete	Hygiene prior to burtal, or other traumatic er	CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO	O (OR AS A CONSE	OUENCE O	F):							
DS, the de	를	- 11	PART II. Other algnificant con	ditions contributing t	o, deeth but not	resulting	In the und	lerlylng	g cause g	Iven in	Part I. 24a. WAS	AN AUTOPSY	246. 1	WERE AUTOPSY FINOING
that be	m >= 1	EDICAL	Chart	ale	tudi	re	Cu	~	2	·-	PERF	2 NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ted Pee	sho	Σ	DID TOBACCO US	E CONTRIBUT	E TO CAU	SE OF	DEATH	-) H Y	ES 🗀	NO	Deunka	กินเก	1	T YES 2 NO
- C	te Dept.	SIA	25. WAS CASE REFERRED TO MEDIC EXAMINER?						ACE OF DE	EATH (Che	ck only one)	00017		
	h the State	SIG	1 VES 2 NO	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER:		e 5 🗆 Re	sidence	8 Other (Specify)			
OF HYSIC his cer	with th	PHYSICIAN:	27. MANNER OF DEATH	28e. DATE O (Month,	Day, Year)	28b. TIM	E OF	28c. INJ WO	URY AT		28d. OESCRIBE HOV	V INJURY OC	CUREO	
NG Pt		B	1 Natural 5 Pending 2 Accident Investig	ation			М		YES 2	NO				
DIVISION OF VIO	after d	8	3 Suicide 6 Could n 4 Homicide determine	or be building	OF INJURY — At he g, etc. (Specify)	ome, ferm,	street, fector	ry, offic	•		28f. LOCATION (Stree City or Town, Sta		r or Rural Ro	ute Number,
9 and	hours	LE I	29e. CERTIFIER 1 CERTIFYING	PHYSICIAN: To the best	ot my knowladge, de	ath occurr	ed at the tin	ne, deta	end place	and due	to the cause(s) and n	nanner as ete	ted	
PITAL	2=	COMPLET		AMINER: On the basis of										end menner ee stated.
THE HOSPITAL	be filed within	E C	296. SIGNATURE AND TITLE OF CET	-						HSE NUM		-		Month, Day, Year)
11	MPOR	m	/ \ / / -	my)					D	148	55	D 7	-20	-54
F- F-	D =	2	30. NAME AND ADDRESS OF PERSO	M MHO COMBRESED CA	USE OF DEATH HTE	M SW /Time	House	_			-			

WHO COMPOSITED CAUSE OF DEATH (ITEM 27) (Type, Print)

192. REGISTRANS SIGNATURE

31. DATE FILED (Month, Day, Year) 4 1994

DR. R. Barrera, M.D.; Memorial Hospital Med Bldg; Cumberland,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

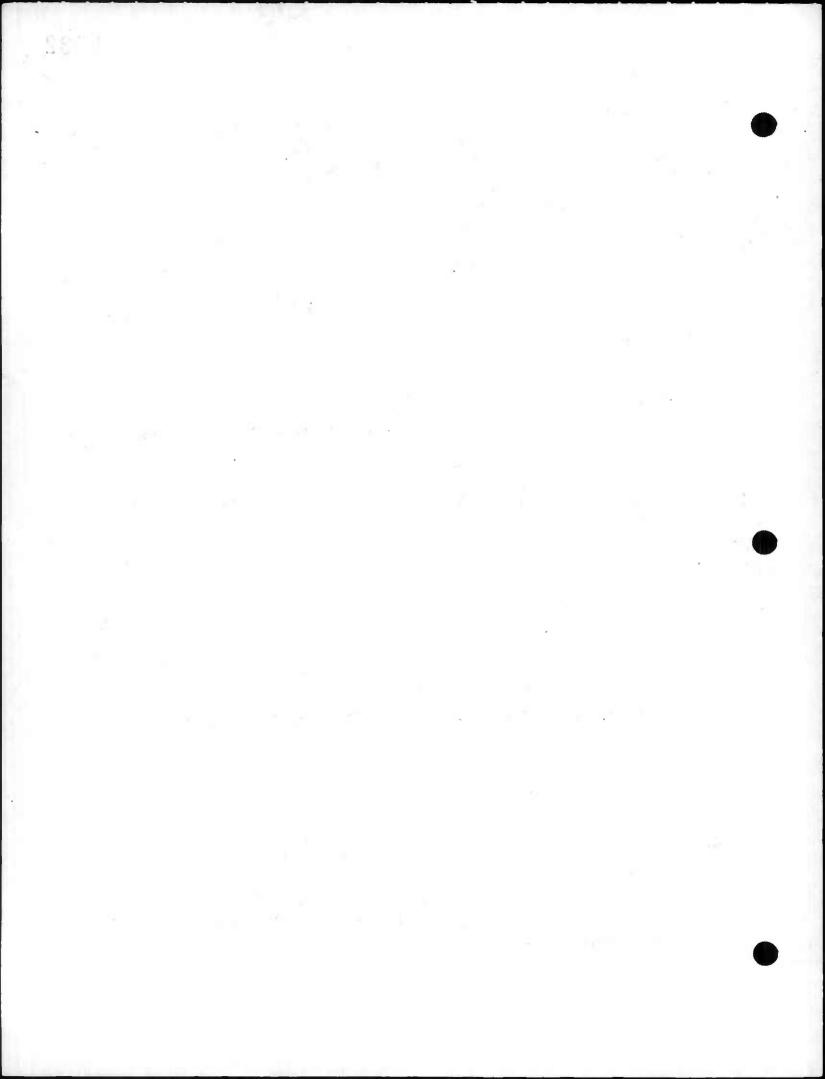
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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 29 20us after death. Page 5 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Lest)	Whetste				2. DATE OF DEATH	- 1	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		n yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)	
	213-10-9854		89 YRS.	MONTHS DAYS	HOURS MIN.	July 7 1	1905 Maryland		
œ	9a. FACILITY NAME (If not institution, give a				OR LOCATION OF D	OF DEATH			
5	Frostburg Villag	e Nursing Ho	me	Fr	rostburg		Allegany		
DIRECTOR	10a. STATE 10b. COUNTY	Y		TOWN OR LOCAT	TION		10d. INSIDE CITY		
		llegany			Frostb	urg		1- YES 2 NO	
₽ B	10e. STREET AND NUMBER	1 72.77		101	ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?	
FUNERAL	72 Meshach Fr	12. WAS DECEDENT EVER IN	III O ADMED		21532			U.S.A.	
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	if yes, sp	ecify Cuban, Mexico	NIC ORIGIN? (Specify Y an, Puerto Rican, etc.)	e or No 14	. RACE — American Indian, Black, White, etc.	
	3 Wildwed 4 Divorced								
15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY									
Ä	LI Elementary/Secondary (0-12) College (1-4 or 5 +) I/fe. Do NOT use retired.)								
COMPL	7 Laborer Various 17. Father's NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Sumame)								
	Joseph H.	Whetst	one			herine		ouse	
BE	19a. INFORMANT'S NAME (Type/Print)	11110000		ADDRESS (Street a		Route Number, City or To			
2	Mary Thomas		4.			stburg, Ma			
	20a, METHOD OF DISPOSITION 124 Burlal 2 Cremation 3 Rem	Cumi trom State 20b.	PLACE AND DATE O	F DISPOSITION (Na	me of	DATE 20c L	OCATION CIN	or Town, State	
	4 Donation 5 Other (Specify)	Fr	ostburg 1	Memoria	Park 8	/5/94 Fr	ostbur	g, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	EME	1	22, NAME AP	ND ADDRESS OF FA	Durst	Funer	al Home	
	John Te	Marit		57 F1	rost Ave	nue Frostb	urg. M	d. 21532	
	23. PART I. Enter the diseases, or canonic ahock, or heart failure.	complications that caused	the death. Do no	ot enter the mo	de of dying, auc	ch es cerdiec or rea	olratory errest	Approximate	
ahock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final								Interval Between Onset end Death	
	disease or condition resulting in death)	· outra	m poo	ony	serve H	to the	huse		
	_	DUE TO (OR AS A	CONSEQUENCE OF	inte	00	,			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	sring	11/190	281			
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	c.							
F	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	7					
Ë	resulting in death) LAST	d							
AL C	PART II. Other algnificent condition	a contributing to death bu	ut not resulting in	tha underlying	ceuse given in	Part I. 24a. WAS A		24b. WERE AUTOPSY FINDINGS	
. / \ 1	Centon	o much a	monthal	1		PERFO	2 X NO	MAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC								OF DEATH?	
z									
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	,	26. PL QTHER:	ACE OF DEATH (Ch	neck only one)			
IXS	1 YES 2 NO	1 ☐ Inpatient 2 ☐ ER/Outpa	atlent 3 DOA	4 Nursing Hom		6 Other (Specify)			
(Month, Dey, Year) INJURY WORK?							NED		
2 Accident investigation							Rural Bruta Number		
밀	4 Homicide determined	building, etc. (Speci	ify)			City or Town, State)	Total Name of	
COMPLETED	29a. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.								
MF	(Check only one) 2 MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) end menner as stated.								
00	Date store (Month, Day, Wall)							14/54	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) JESUS TAN, M.D. FROSTBURG PLAZA, FROSTBURG, MD 21532								
	JESUS	TAN. M.D.	FROS	TBURG	/LAZA	1. FROST.	SURG.	10 21532	
	31. DATE FILED-(MONT), Day, Year) AUG 0 4 1994	32. REGISTRAR'S SIGNA	Adall						
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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30 NAME AND ADDRESS OF PERSON WHO COMPLES TO THE ET.

31. DATE FILED (Month, Day, Year)

AUG 1 5 1994

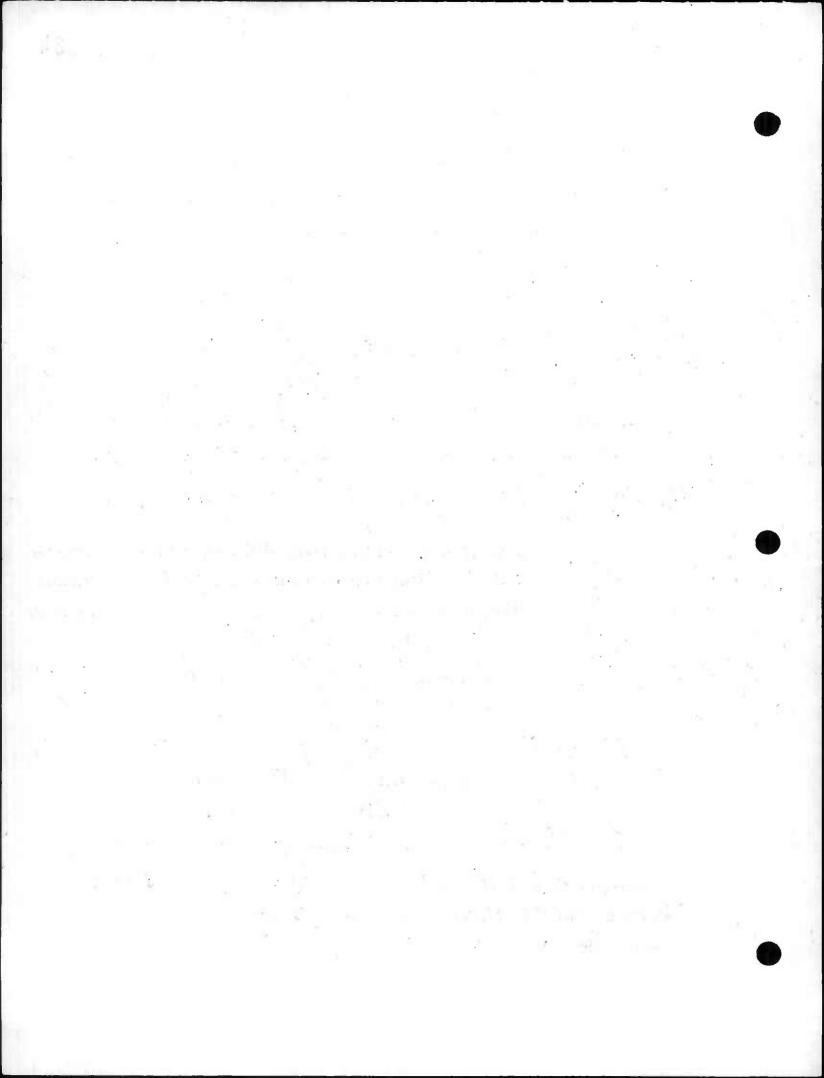
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	FOR	STATE OF I	MARYLAND .	/ DEPAR	RTMENT	OF H	IFAITH	AND I	MENTAL	HYGIENE	:		
	1 - STATE REGISTRAR			ERTIF						REG. NO.			
	1. DECEOENT'S NAME (First, Middle, Last)								2. DATE OF MONTH	DAY	,	YEAR	. TIME OF DEATH
1	Paul Luther Wol	4							Augi	ust 11		94	3:30 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	-	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF (Month, E	Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
	226-12-0653	1 M 2 - F	75	YRS.						30,1			<i>iginia</i>
1 00	9a. FACILITY NAME (if not institution, give st				9b. CITY		OR LOCATI		ATH		9c. COUN	TY OF DEAT	ГН
101 E. Antietam St. Hagerstown Washingto									igton				
10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. IN								Dd. INSIDE CITY					
								LIMITS? YES 2 NO					
FUNERAL	10e. STREET AND NUMBER						. ZIP COD				10g. CITIZ	EN OF WNA	AT COUNTRY?
1 8	101 E. Antietam S	it.					21:	740				U.S.A	
5	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A		13.	WAS DEC	ENDENT C	OF HISPAN	IIC ORIGIN?	Specify Yea		14. RACE	- American Indian, Vhite, etc.
ΒY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE V		(NO			ZX NO		n, Puerto Ric	mri, etc.;		Specify	
ED E	15. DECEOENT'S EDUC	CATION	16. D	ECEOENT'S	1101111 0	20112171	201		Toward.				ite
	(Specify only highest grade Elamentary/Secondary (0-12)	completed)	(0	Give kind of e. Do NOT u	work done	during mo	ist of working	ng	160. K	IND OF BUS	INESS/INDU	ISTRY	
17	Elementary/Secondary (0-12)	College (1-4 or 5	*)	labo	rer					Cons	truc	tion	Co.
COMPLET	17. FATHER'S NAME (First, Middle, Last)			_			18. MOT	HER'S NAI	ME (First, Mid	dle, Maiden S	Surname)		
BEC	James Wolfe						1	Alice	Boki	na			
10 B	19a. INFORMANT'S NAME (Type/Print)		11	Db. MAILING	AOORES	(Street a			Poute Number,		, State, Zip (Code)	
	Lillian Wolfe		1	01 E.	Ant	ieta	um Sa	t. Ho	igerst	own. M	ld. 2	1740	
2	20a. METHOD OF DISPOSITION 1 Burlal 2 (X Cremation 3 Removal 1 mm Share Smiths burg Crematory 8-12-94 Smiths burg, Md.								, State				
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	THE RESIDENCE OF PURIFICAL PRINCIPLE LANGUAGE							Aug					
22. NAME AND ADDRESS OF FACILITY Davis Funeral Home 12525 Bradbury Av Smithsburg, Md. 21 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Ap							21783						
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shock, or heart fellura. List only one ceuse on aach lina.								Interval Between Onsat and Death					
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	The state of the s												
Z	Sequentially list conditions,	LEF-	T CER	EBR	OVF	150	ULK	AR 1	ACCII	DEN	T.		4 years.
ERTIFICATION	if any, laading to immediate		_										
	CAUSE (Disease of Injury	HYPIZ	OR AS A CONSE										104 BARS
	that initiated eventa reaulting in death) LAST	DOE 10	(OH AS A CORSE	Y Y	ej:								
	d.									-			
A P	PART ii. Other algnificant condition	contributing to			in tha un	darlying	g cause (givan in	Part i. 24	e. WAS AN A			ERE AUTOPSY FINDINGS
MEDICAL			NON	12					1	☐ YES 2	NO	CC	OMPLETION OF CAUSE F DEATH?
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Z													•
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:												
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m 2 Accident Investigation													
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29e. CERTIFIER													
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8	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.												
H	296. SIGNATURE AND TITLE OF CERTIFIER	Man h	, ww)			90.	ENSE NUM			29d. DATE	SIGNED (M	onth, Day, Year)
2	Manyon 9 Snapi m D283 (5 ▶ 8.1294												

HACIERS TOWN

32. REGISTRAR'S SIGNATURE

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Notice 2 Committed 2	1														
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF PACILITY Leasure—Stein, Inc. 230 Baltimore Av Cumberland, Md. 21502 23. PART I. Enter the diseases, or complications that caused the death. On not enter the mode of dying, such as cardiac or respiratory strest, interval Between Jones and Constitution of the second state of t		117 Burial 2 Cremation 3 Ramo	wel from State	convetery, orer	natory of o	ther place!	'a+	Can	10 ± 0	8-96	7				1
County C					1 0.	22	NAME A	IN ADDRES	S OF FA	CILITY					
Intervil Betwood Intervil Be	Easure-Stein, Inc. 230 Balti									imore A	Av.				
IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO OR AS A CONSEQUENCE OF): DUE TO ORD AS A CONSEQUENCE OF): DUE TO ORD AS A CONSEQUENCE OF): DUE TO ORD AS A CONSEQUENCE OF):		23. PART i. Enter the disesses, or c	omplications that	caused the de	nth. Oo	not enfer	fhe mo	de of dyl	ng, suci	h as card	Nac or respi	ratory srres	f,		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERVING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1		iMMEDIATE CAUSE (Final disease or condition	.ist only bne cau	SA DI AACH IIIA. BAX		ch,	17 [K							
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29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)	Ž I	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(e) and menner se stated.							ted						
250. DATE STORED (MOTHER, Day, 1981)		W 20h SIGNATURE AND TITLE OF CEPTIFIED													
	III 20h SIGNATURE AND TITLE OF CERTIFIED														
90. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		30. NAME AND ADDRESS OF PERSON WAS	COMPLETED CASE	E OF DEATH #FT	1 270 (%)	- Oninet		V	-1 (,) d	0	0)	14	
DR. JOHN MEHANNA, M.D., 909-B SETON DRIVE, CUMBERLAND, MD 21502		V		-			Ε, C	UMBEI	RLAN	D, MI	2150	2			
31. DATE FILED (Month, Day, Year) &, 22. REGISTRAN SIGNATURE		31. DATE FILED (Month, Day, Year) 22, REGISTRAR DSIGNATURE AUG 0 4 1994													



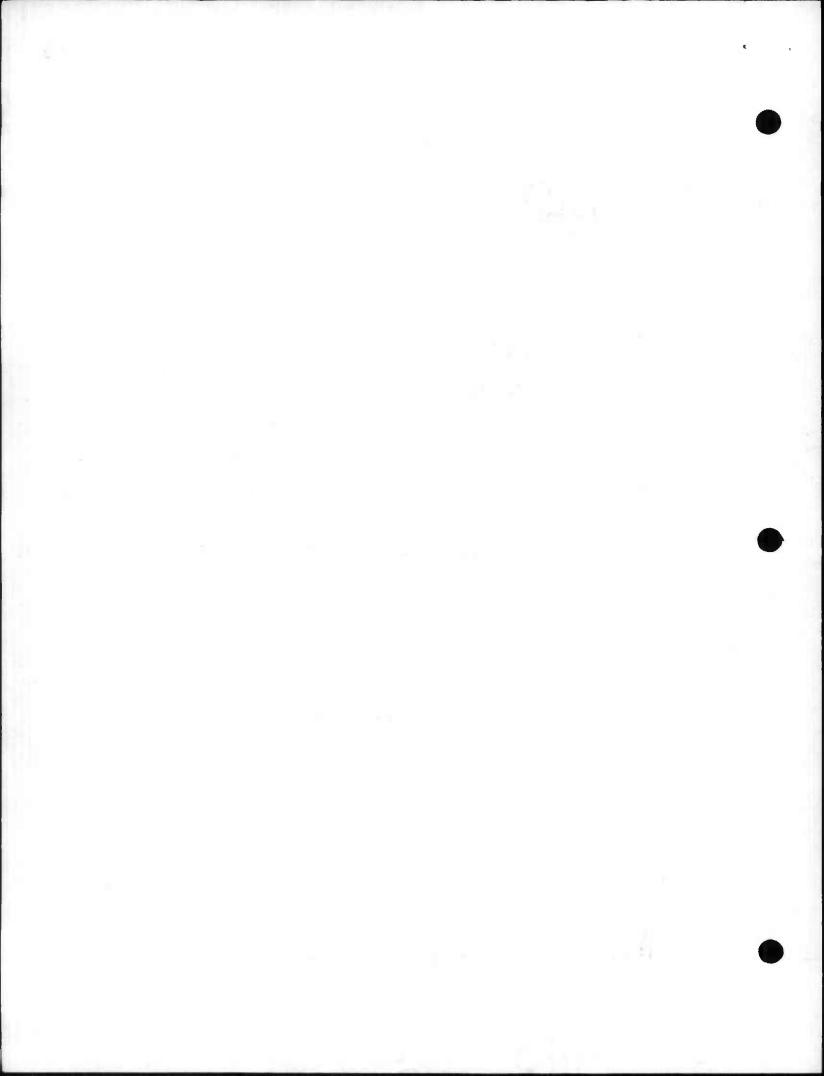
1		-	STATE REGISTR	A
i	1.	D	ECEDENT'S	N

	1 - STATE STATE OF MARTLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
MONTH DAY YEAR								3. TIME OF DEATH		
- 1	George Thomas Zepp	, Jr.				Aug 8, 1994 5:30 A			5:30 A M	
		GE (In yrs. last birthday)	IF UNDER 1 Y	YEAR IF UNDER	24 HRS. 7.	DATE OF BIRTH		8. BIRTHP	LACE (State or Foreign	
	219-32-2022 1X M 2 □ F	68 YRS.	MONTHS L	ATS HOURS	D D	ec 16,1	925	Mar	yland	
_	9e. FACILITY NAME (If not institution, give street end number)			OWN OR LOCATIO	ON OF DEATH		9c. COU	NTY OF DE	ATH	
OP	5412 Arcadia Avenue		l	Ipperco)		Ba]	ltimo	ore	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c CI	Y, TOWN OR	LOCATION					10d, INSIDE CITY	
E	Maryland Baltimore	100.01	Upperco						LIMITS?	
	10o. STREET AND NUMBER			101. ZIP CODE			100 CITI		1 TYES 2 (X) NO	
FUNERAL	5412 Arcadia Avenue								SA	
Š	11. MARITAL STATUS 12. WAS DECEDENT EVE	R IN U.S. ARMED						14. RACE	- American Indian	
7	1 Never Married 2XXMerried FORCES? 1 Y IF YES, GIVE WAR OF	es, specify Cube	specify Cuben, Mexicen, Puerto Ricen, atc.) ES 2 [Y NO Specify: Specify: Specify:							
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY								Sp. Co., 1	White	
Elementery/Secondary (0-12) College (1-4 or 5 +) 12 Car Dealer Arcadia Garage										
M	17. FATHER'S NAME (First, Middle, Lest)	Car	Deale					udra	age	
8	George Thomas Zepp, Sr.				nel R	(First, Middle, Maiden	Sumame)			
BE	190. INFORMANT'S NAME (Type/Print)	10h MARI ING	ADDRESS (e Number, City or Town	A			
임	Gene Geist Zepp								5.5	
	Gene Geist Zepp 5412 Arcadia Ave, Upperco, MD 21155 300, METHOD OF DISPOSITION 300, PLACE AND DATE OF DISPOSITION (Name of completely, cremation 3 Removal from State completely, cremation of other place). ACC Burlet 2 Cremation 3 Removal from State completely, cremation of other place).									
	XCXBurlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Hampstead Cemetery 8/11 Hampstead, Md.									
	22. NAME AND ADDRESS OF FACILITY Eline Funeral Ho									
	934 S Main St, Hampstead, Md 21074									
\dashv	23. PART I. Enter the diseases, or complications that cou	end the death. Do								
	shock, or heart fellure. List only one causa or	each ilna.	iot enter th	ie mode or dyr	ng, such at	i cerdiac or reepi	ratory en	eat,	Approximate intervel Batween	
	IMMEDIATE CAUSE (Final disease or condition		,			c w.			Onset and Death	
	disease or condition resulting in death) e. Due to port as a Conscouence of):									
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CERTIFICATION	Sequentielly list conditions, if any, leading to immediata	S A CONSEQUENCE O	F);							
S	CAUSE (Disease or injury									
F	that initiated events resulting in deeth) LAST	S A CONSEQUENCE O	F):							
HH	d.									
	PART ii. Other eignificent conditione contributing to deat	h but not resulting	In the unde	erlying cause g	lven in Par	t I. 24s. WAS AN		24b.	WERE AUTOPSY FINDINGS	
EDICAL	Doctor My Co 6					PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
回						10 163 4	100		OF DEATH?	
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO									,	
IAI	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF D		only one)				
PHYSICIAN:	1 YES 2 PO 1 Inpatient 2 ER/O	Putpatient 3 🗆 DOA	OTHER:	g Home 5 🗆 Re	sidence 6	Other (Specify)				
H	27. MANNER OF DEATH 28e. DATE OF INJUI (Month, Day, Yes		IE OF 28	Bc. INJURY AT WORK?	28	d. DEŞCRIBE HOW II	NJURY OC	CURED		
ВУ	1 Natural 5 Pending 2 Accident Investigation			1 YES 2	NO					
a Description of the PLACE OF INJURY — At home form street feetens office								oute Number,		
U 200 CERTIFIED										
립	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner se stated.									
Š	one) 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(e) and menner se stated.									
ш	296. SIGNATURE AND TITLE OF CERTIFIER	11 -		29c. LICE	NSE NUMBER	R	29d, DAT	E BIGNED	Month, GME (New)	
TO B	To call to delay								7(94	
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	, Print)				_		- (-	
	vavo omile									
31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE										

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law reoulies that the death certificate be executed within a normal record to a per retained by the hospital or attending physician. TO THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89



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BALTIMORE, MARYLAND 21215-0026	nours after death. Page 6 may be retained by the hospital or attending physician	JQ.	
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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	TATE OF MARYLA	ND / DEPARTI			MENTAL	HYGIENI BEG. NO.	E			
	1. DECEDENT'S HAME (First, Middle, Last)					2. DATE C	F DEATH			. TIME OF DEATH	
	RICARDO REVICENCIO	ZAMORA				JUL			4	7:13	Ам
				F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH B. BIRTHPLAC			ACE (State or Foreig	gn	
										ppine Is	
	9a. FACILITY HAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
9 8	Malcolm Grow Medical Center Andrews Air Force Base Prince Geor									eorge's	- 1
ធ្ន	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY.	TOWN OR LOCAT	ЮН				14	Dd. INSIDE CITY	
DIRECTOR	Maryland Prince (George's		inton	=:-					LIMITS?	
	10e. STREET AND NUMBER	20180 5			ZIP CODE			10g. CITIZEH		AT COUNTRY?	_
FUNERAL	12110 Piscataway Ro	oad			20735			U.S	. A .		
3	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN U	J.S. ARMED	13. WAS DECE	ENDENT OF HISPAN	IIC ORIGIN?	(Specify Yes		RACE -	- American Indian,	
BY F	A P	IF YES, GIVE WAR OR DAT	ES		cify Cuban, Maxica 2 X HO Specify		can, etc.)		Specify	White, etc.	1
	11/0	orea - Viet								oino	
COMPLETED	15. DECEOENT'S EDUCATIO (Specify only highest grade comp	OH 1	8a. DECEDENT'S US (Give kind of wor life. Do NOT use r	k done during mos	H at of working	16b.	CHD OF BUS	INESS/INDUST	RY		
٦	Elementary/Secondary (0-12) Co	illege (1-4 or 5+)			M			M · 1 · .			
M	17. FATHER'S NAME (First, Middle, Last)		Steward	1, U.S.	NAVY	ME (First 14)		Milita:	ry		-
	Rosalio Zamora				Irene	_ (,			
B	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING AG	OORESS (Street ar	nd Number or Rural I				le)		-
2	Irene Zamora Muse				Or. Bel						
	20g, METNOO OF DISPOSITION	20b. P	LACE ANO DATE OF	DISPOSITION (Na	ne ol	DATE	20c LO	CATION - City	or Town	, Stata	
	1 M Buriel 2 Cremation 3 Removal 1 4 Donation 5 Other (Specify)	State Sement	Mary s	Church	Cemeter	y8/3/	94 Pi	scatawa	av.	Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSE		i i	22. NAME AN	D ADDRESS OF FA	CILITY					
- 3	Hereger)	als	/		ge P. Ka Oxon Hi				Me	20745	
	23. PART I. Enter the diseases, or comp	olications that caused t	he death. Do not	anter the mod	da of dylng, suc	h as cardi	ac or respli	ratory arrest.	TIC	Approximate	
	shock or heart fallure. List	only one cause on eac	h lina.							Onset and D	
		CARDIOPULMO	NARY ARRI	EST						İ	
	resoluting in deathy	OUE TO (OR AS A C								1	
Z	Sequentially list conditions,	CHRONIC OBS'	TRUCTIVE	PULMON	ARY DISE	ASE E	XACER	BATION			
E	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	ONSEQUENCE OF):								
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CERTIFICATION	resulting in death) LAST										
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ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY -	- At home, ferm, etre					nd Number or F	turni Rou	te Number,	
COMPLETED	4 Nomicide determined	building, atc. (Specify)			City or	Town, State)				
7	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	: To the best of my knowled	ige, death occurred	at the time, date	and place, end due	to the caus	e(e) end man	ner es stated.			
MO	one) 2 MEOICAL EXAMINER: On								use(a) a	nd manner as state	ed.
	296. SIGNATURE AND TITLE OF CERTIFIER		SAF, MC	T	29c. LICENSE NUI					fonth, Day, Year)	
) BE	Jam O LLOW MD	198-46	-8801, AFS	C 44F1				▶300	Jul	94	
24	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CARSON	EDFGRIVE P	ne)			89 MEI	DICAL (ROL	IP .	
1	JOHN P. METZ, CAPT,	USAF, MC	- 6000000		1050 W					WS AFB	MD
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	Son-Randal	2						-6600	
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JOHN P. METZ CAPT, USAE, MC 198-46-8801, AFSC 44+1 89th MED. GR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with wours after death. Page 6 may be retained by the hos	PINECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		III item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
r death. Page 6 ma	he funeral director, p	명.	examiner must
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YSICIAN: The lan	s certificate has	th the State Dep	ed, or item 23
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1	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIEN	_		
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FUNERAL DIRECTOR	NOSTH WEST H RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY Maryland Balti		OSPITAL 5HOICTRD Randals to well Ball more Baltimore						
VERAL D	Maryland Balti 10. STREET AND NUMBER 3523 Venetian Road		Bai		21207		109. CITIZEN OF U.S.A	1 ☐ YES 2 ☒ NO WHAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Merried 2 📉 Merried 3 Widowed 4 Divorced	IIC ORIGIN? (Specify Yee n, Puerto Rican, atc.)	or No— 14. RAC Blac Spe	E — American Indian, ck, White, etc. city: White					
15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 Years 17. FATHER'S NAME (First, Middle, Last) 18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOME maker 18. MOTHER'S NAME (First, Middle, Meiden Surneme)									
BE	17. FATHER'S NAME (First, Middle, Last) Clarence Paul Ebbe 190. INFORMANT'S NAME (Type/Print)	erts	19b. MAILING AD	DORESS (Street e	Viola V	ME (First, Middle, Malden Jirts Route Number, City or Town	200,		
TO	Mr. Samuel G. Abra 208. METHOD OF DISPOSITION 1X) Burlel 2 Cremetion 3 Remove 4 Donation 6 Other Specify	20b.	3523 V PLACE AND DATE OF I	DISPOSITION (Na	me of		MD 212 cation - city or 1 kesville	Town, State	
	21. SIGNATURE OF PUMERAL RERVICE LICE	and		Loring 8728 1	liberty F	Funeral Din Road Randa	allstown	Inc. ,MD 21133	
23. PART I. Exter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or real anock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF):								Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitted events reculting in death) LAST		CONSEQUENCE OF):						
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 1 ND 26. PLACE DF DEATH (Check only one) 26. PLACE DF DEATH (Check only one) 27. MANNER PF DEATH 28. DATE OF INJURY (Month, Dey, Year) 28. PLACE DF DEATH (Check only one) 26. PLACE DF DEATH (Check only one) 27. MANNER PF DEATH 28. DATE OF INJURY (Month, Dey, Year) 28. THE OF 28. INJURY AT WORK?									
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29c. LICENSE NUMBER 29d. DATE SIGNED (Mogrit, Day, Year) 29d. DATE SIGNED (Mogrit, Day, Year) 29d. DATE SIGNED (Mogrit, Day, Year) 8 19 9 4 30. NAME AND ABORDSS OF PERSON WHO COMPLETED GAUSE OF DEATH (ITEM 27) (Type, Pript)							O (Mogth, Day, Year)		
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. t. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF OEATH MONTH ANDREWS 205 REGINA 18 4. M 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 63 216-28-7265 1 M 2 OF mo 9e. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SPERL DIRECTOR 3208 PARKUILLE COURT BALTIMORE RESIDENCE OF DECEDENT toa. STATE tob. COUNTY 10c. CITY, TOWN OR LOCATION tod. INSIDE CITY BALTIMORE PARKULLLE m 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? SPERL 3508 COURT 21234 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEE FORCES? 1 YES 2 100 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 2 Merried If yea, specify Cuban, Mexican, Puerto Rican, etc.)

1 ☐ YES 2 ☐ NO Specify: 1 Never Merried IF YES, GIVE WAR OR DATES В 3 Widowed 4 Divorced THITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (So) (BALTO.) Elementary/Secondary (0-12) College (1-4 or 5+) UNIVERSITY OF MD PERSO NEEL once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) SZCZESZEK JOSEPH 5 JENDRASZHIEWICZ Ħ CECILIA BE notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ANDREWS EDWIN 3208 SPERL COURT B1070, MD. 21234 must be 20a. METHOD OF DISPOSITION

1 Description 2 Comments of Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State C/24 BALTO. ry, crematory or other place) mb 4 ☐ Donation 5 ☐ Other (Specify) ceme examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY CHAPEL EUANS FUNEROL ualen sine 8800 HARFORD RD. BALTO, MD 21234 been signed by the attending physician and completely filled in by the n. of Health and Mental Hygiene prior to burial, cremation, or removal. medical 23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such es cerdiac or respiratory errest, ehock, or haert fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death the disease or condition resulting in death) lung cancer [non-small cell Metastatiz month event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in death) LAST 0 injury, PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 - YES 2 - NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO this certificate has b with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only HOSPITAL: 1 YES 2 NO 1 Inpatient 2 I ER/Outpatient 4 Nursing Home 5 Realdence 6 Other (Specify) 3 DOA 10 27. MANNER OF DEATH 26s. DATE OF INJURY 26c. INJURY AT 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked, Natural 1 YES 2 NO DIRECTOR: After the hours after death BY Investigation Accident Suicide 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 ls 6 Could not be determined PLETED 4 Homicide item 29e. CERTIFIER **CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner ea stated. 2 MEDICAL EXAMINER: On basis of examination and/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(a) and menner as stated. 96. SIGNATURE AND JITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SHENED (Manth, Day, Year) 品 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) Dn Poul CHAN 5601 BLUD. BALTO. MD LOCH RAUEN 6 31. DATE FILED (MAIN) 128 32. RESSTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

OTHER SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certained by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-trans

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Las	M .						MONTH DAY YEAR			3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 213-78-0247	5. SEX	6. AGE (In yrs.)	lest birtnday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	Feb	e of Birth nth, Day, Year)	1959	Mar	yland	sign	
TOR	90. FACILITY NAME (If not institution, given UNIVERSITY S.T. RESIDENCE OF DECEMENT					MORE C			9c. COUNT	Y OF D	EATH		
DIRECTOR	10e. STATE 10b. COUN	NTY	10c. CITY, TOWN OR LOCATION Baltimore								tod. INSIDE CITY LIMITS?		
FUNERAL	100. STREET AND NUMBER 1416 W. Pratt	St.	101, ZIP CODE						10g. CITIZEN OF WHAT COUNTRY?				
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4XX Divorced	12 WAS DECEDEN	YES 2 5	ARMED	If yes, t	ECENDENT OF HISP specify Cuben, Mexi S 2 X NO Spe	ANIC ORIG		or No— 14		- American Indier , White, etc.	١,	
LETED	15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ide completed) College (1-4 or 5+			USUAL OCCUPAT ork done during n o retired.)		16	Sb. KIND OF BUS	SINESS/INDUS	TRY		_	
COMPLET	10 17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (First, Middle, Melden Surna								Systems (me)		
TO BE	Junior M. Blankenship, Sr. Rosalie B. Seifert 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street end Number or Parel Route Number, City or Town, State, Zip Code) 1.4.1.6. IN Product Of the Product of												
,-	Junior M. Blankenship, Sr. 1416 W. Pratt St., Balto., Md. 21223 200. METHOD OF DISPOSITION 1X/Pouriel 2 Cremetion 3 Removal from State 4 Donetion 6 Other Company College place) Cedar Hill Cemetery 8/22/94 Brooklyn. Maryland												
	Tedar Hill Cemetery 8/22/94 Brooklyn, Maryland 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Home of Elk., Inc. 5695 Main St., Elkridge, Md. 21227												
	23. PART . Entar the disease or compile from the course of the disease of dying, such as cardiac or respiratory arrest, shock, or heart salure. List only one cause of each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate Interval Between Onset and Death of the course o												
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.												
MEDICAL CE	PART II. Other significant condition	ona contributing to	death but not	t resulting in	n tha underlyi	ng causa given i	n Part I.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINI AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	US	
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)												
PHYSICIAN:	EXAMINER? 1 TYPES 2 NO 27. MANNER OF DEATH	HOSPITAL:		3 DOA		me 5 - Residence	_						
ВУ Р	Natural 5 Pending Accident Investigation	(Month, Da	(Month, Day, Year) INJURY M			WORK? YES 2 NO		SCRIBE HOW INJURY OCCURED					
ETED	3 Suicide 8 Could not b 4 Homicide determined	building,	etc. (Specify)	home, ferm, st	treet, factory, offi	ice	28f. LO	CATION (Street e y or Town, State)	and Number or	Rural R	loute Number,		
COMPL		SICIAN: To the best of ax								euse(s	and manner as sta	rtec	
TO BE C	250 FIGHEN AND TITLE OF CERTIF	O.C.M.E.							29d. DATE SIGNED (Month, Day, Year) AUG 18, 1994				
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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DIRECTOR: After the hours after death v

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32. REGISTRAR'S SIGNATURE

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permit. Pages 1, 2, 3 should use as the bunial-transit after death. Page 6 may be retained by the hospital or attending physician. for the funeral director, page 5 should be detached filled in by hours and completely fi burial, cremation other traumatic event, and 9 attending physician prior 0 Mental Injury, signed by the a shows any s certificate has been si th the State Dept. of He id, or item 23 show

Item1, Film714, 8/23/94, 1t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE 1 -CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF GEATH SSE 20,1994 AUGUST 07:20 A 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR 6. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 XM 2 - F 220-84-3784 YRS 18 September 1975 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH DIRECTOR WOODBINE & BUCKLOVE CARROLL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore 1)(X YES 2 | NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2437 Westport St. 21230 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puerto Rican, stc.)

1 YES 2 N NO Specify: RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1XX Never Married 2 Married BY 3 Widowed 4 Divorced white 16a. DECEOENT'S USUAL OCCUPATION ETED. 15. DECEDENT'S EOUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl (Give kind of work done life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5+) COMPL Warehouseman Food Distribution 17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname, Bonnie E. Tipton <u>Francis M. Bussev</u> BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Bonnie E. Tipton 2437 Westport St., Balto. Md 20s. METNOO OF DISPOSITION

1X Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 8/24/94 Elkridge, Md Meadowridge Memorial Park 21. SIGNATURE OF EAMERAL SERVINGE LICENBER 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Home of Elk., Inc. Leur 5695 Main St., Elkridge. Md. 23. PART I. Enter the dieeeses, or complications that caused the death. Do not enter the mode of dying, auch as cerdiec or respiratory erreat, ehock, or heert failure. List only one cause on each line. Approximete Interval Between **IMMEDIATE CAUSE (Finel Onset and Death** disease or condition Multiple muries reculting in death) DUE TO (OR AS A CONSTOUENCE OF): CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause, Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in deeth) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 | NO 1 YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL: OTHER: 1 Inpetient 2 ER/Outpetient 3 DOA 1 X YES 2 NO 4 \square Nursing Nome 5 \square Residence a X Other (Specify) $M \cdot V \cdot A \cdot$ 28e. OATE OF INJURY 27. MANNER OF GEATN 28d. OEŞCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Netural 5 Pending investigation 8/20/94 M 0616 DRIVER, AUTO STRUCK TREE BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Nomicide ROADWAY WOODBING AND BUCKHORN 29a. CERTIFIER 1 _ CERTIFYING PNYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(a) end manner as stated. 2 XMEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE ald & Wright MD AUGUST 20,1994 C.M.E 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) DONALO G. WRIGHT MD Penn Street, Baltimore, Maryland 21201 111

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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THENDING PROBLEM: The law requires that the death certificate be executed within a flow of the flower of the conflict of the state of the standing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 10 THE RUNE AND CONTINUES THAT THE ABOVE CONTINUES THAT THE ACTION OF THE ACTION

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF OEATH			3. TIME OF DEATH	
	ROBERT	WILLIAM	BUS	Н			MONT 8	н ы 15	1994	YEAR	М	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthd	//	R t YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			LACE (State or Foreign	
	214-01-7070	1 💢 M 2 🗌 F	87 YR	S. MONTHS	DAYS	HOURS MIN.		5-1907	M		LAND	
_	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CIT	Y, TOWN C	OR LOCATION OF D	EATH		9c. COUNT	Y OF DE	ATH	
DIRECTOR	HARFORD GARDENS NURSING HOME BALTIMORE CITY RESIDENCE OF DECEDENT											
H H	10a. STATE 10b. COUNTY	,	10c.	CITY, TOWN	OR LOCAT	TION				T	10d, INSIDE CITY LIMITS?	
	MARYLAND 100. STREET AND NUMBER			BALTIMORE CITY					P			
HA	627 SOUTH PACA STR		101. ZIP COOE 10g. C						N OF W	IAT COUNTRY?		
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No.— 1											American Indian,	
T TOTAL MALINE Z MALI								White, etc.				
	n 3 Widowed 4 Divorced NAVY											
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DECEDEN	T'S USUAL C			16b	. KIND OF BUS	INESS/INDUS		ALIX	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NO	T use retired.)	outing the	or or working						
₹	11th GRADE		SHIPPI	NG & I	RECE			McCORM:				
8	17. FATHER'S NAME (First, Middle, Last)	777.47				18. MOTHER'S NA	AME (First,	Middle, Maiden	Surname)			
띪	CLARENCE	BUSH		_		GERTRUD		Α.	_	LLI	AMS	
٥	19a. INFORMANT'S NAME (Type/Print)					ind Number or Rural						
	LEONARD TURNER 20a, METHOD OF DISPOSITION					CA STREE	-					
	1 St Burial 2 Greenation 3 Remo	oval from Stala Cen	PLACE AND DA	or other place			OAT		LOCATION — City or Town, State			
	4 Donation 5 Other (Specify) MT. CALVARY CEMETERY 8-20-94 GLEN BURNIE, MARY) 21. SIGNATUJE OF JUNETAL SERVICE LICENSEE									MARILAND		
	· CROn	Q VS		J	OSEP	H H. BRO	WN J				, P.A. , MD.21223	
	23. PART I. Enter the disesses, or c	omplications that cause	the desth. D	o not enter	the mo	de of dying, suc	ch as care	diec or respi	ratory arree	t,	Approximats	
	shock, or heert feilure. Liet only one cause on sech lins. IMMEDIATE CAUSE (Finel Onset and Dasth											
	disease or condition resulting in desth) e. Arterioscleratic Cormanyartery disease Due to (OR AS A CONSEQUENCE OF):											
	DUE TO (OR AS A CONSEQUENCE OF):											
8 0	Sequentially list conditione,	OUE TO (OR AS A										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OH AS A	CONSEQUENCE	OF):								
임	CAUSE (Disesse or Injury that initiated events	OUE TO (OR AS A	CONSEQUENCE	OFI:							-	
듄	resulting in death) LAST											
	20.77											
,AL	PART II. Other significant conditions	s contributing to deeth b	ut not recultir	ng in the u	nderlying	g ceuse given in	Part i.	24a. WAS AN PERFOR			VERE AUTOPSY FINDINGS	
ă							_	1 YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?	
×										1	YES 2 NO	
PHYSICIAN: MEDIC	DID TOBACCO USE CONTR					UNCERTAI	И 🔲 📗					
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF D	OTHE								
ΙΥS	1 YES 2 NO	1 Inpatient 2 ER/Outp		4 🗆 Nui	sing Hom	e 5 🗆 Residence						
T.	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b.	IME OF		RK?	28d. DES	CRIBE HOW II	IJURY OCCUI	RED		
BY	2 Accident Investigation	28- DI ACE OF IN HUDW	41.1	M		ES 2 NO						
3 Suicide & Could not be 28s. PLACE OF INJURY — At home, farm, afreet, factory, office 28s. LOCAT								LOCATION (Street and Number or Rural Route Number, City or Town, State)				
PE.	29a. CERTIFIER											
7	(Check only	CIAN: To the best of my know R: On the basis of examination									and manner as at a d	
one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and no 29b. SIGNATURE AND TITLE OF CERTIFIER												
Manager Common 290, Date Six									IGNEO (GNEO (Month, Day, Year)		
0	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OF	ATH (ITEM 27) /7	rne. Print)		0210	000		- 0	18-	7.7	
	A 1/	8KG 860R			no	SALTE	UM	3 2/3	34			
	31. DATE FILEO (Month, Day 994	LASS HEMSTARR'S SIGN	ATURE	- -	-	1	1001	- 0,0	- 2 7			
	AUUZ 3 1307 ()											

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	THE ASSITTAL ON WITHDING PHYSICIAN: The law requires that the death certificate be executed with hours after death, Page 6	The Trust Completely filed in by the funeral direct direct standing physician and completely filed in by the funeral direct standard stand
5	pe eq	cian a
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,	Certi	nding
'n	death	afte
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	- STATE O	F MARYL			HEALTH A		TAL HYGIENI REG. NO.	E			
			y Andrew	v Butne	r, Sr.	M	ATE OF OEATH DA		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX		n yrs. lest birthday)	IF UNDER 1 YEA	IF UNDER 24		S 19		BIRTHPLACE (State or Foreign		
	215-16-7171 1 N M 2 🗆		2 YRS.	MONTHS DAY		WIN. (A	100th, Day, Year)	2	Maryland		
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOW	N OR LOCATION			9c. COUNTY			
DIRECTOR	HOLY OF MARY and F	tos pi-	tal	Bal	timo	re		Bat	imore		
REC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY		
	Maryland NA		Bal	timore	City (3rook]	lyn)		1XXYES 2 NO		
RAI	4043 Sixth Street,				10f. ZIP CODE	1225			OF WHAT COUNTRY?		
FUNERAL	11. MARITAL STATUS 12. WAS DECE	DENT EVER IN	U.S. ARMED		ECENDENT OF	IISPANIC OR	IGIN? (Specify Yes	or No.— 14.	RACE — American Indian		
BY F	1 Never Merried 2 Merried FORCES? IF YES, GI WW 2	1XX YES VE WAR OR DA Nav	TES		specify Cuban, I ES 2 NO	Mexican, Pue Specify:	rto Rican, atc.)		Black, White, etc. Specify:		
	15. DECEDENT'S EDUCATION	Navy	16a. DECEDENT'S	USUAL OCCUP	TION		16b. KIND OF BUS	INESS/INDUST	MULTE		
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 of	or 5+)	life. Do NOT u	•							
COMPLET	10th Grade		Retired	Police			-		y Police De		
	John Butner					ohie	Nocar	Surname)			
38 0	19e. INFORMANT'S NAME (Type/Print)						lumber, City or Town				
임	Mrs. Anna P. Butner		4043	Sixth	St., Ba	altimo	ore, Mar	yland	21225		
	20a, METHOD OF DISPOSITION VXBurlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	20b.	PLACE AND DATE	OF DISPOSITION	Name of	9/2	2/Q/ Ral	timoro	or Town, State , Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Kevi	n E. Eck								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Kevin E. Ecker McCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Balto., Md. 21225										
	23. PART I. Enter the dieeeses, or complications shock, or heart fallure. List only one	thet ceused	the deeth. Do r						Approximate		
	IMMEDIATE CAUSE (Finel	cause on as	ich ime.						Onset and Da		
	disease or condition resulting in death)	POX e	CONSEQUENCE	D.							
z	resulting in death) a. Hypoxenia pour TO (OR AS A CONSEQUENCE OF): Sequentially list conditions b. Massive Intracerebral Bleed										
	if any, leeding to immediate										
	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	resulting in death) LAST										
	PART II. Other algnificant conditions contributing	0	5.		Ing ceuse give	en in Part i	. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDIN		
JICAL							PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUS		
MEDI									OF DEATH? 1 YES 2 NO		
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO NO										
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inputient		ntient 3 DOA	OTHER:	PLACE OF DEAT						
PHY	27. MANNER OF DEATH 28a. DATE	E OF INJURY	28b. TIM		ome 5 Reald	-	DESCRIBE HOW IN	JURY OCCURE	ED		
BY	2 Accident Investigation			M 1 [YES 2 N	10					
<u>۵</u>	3 Suicide 8 Could not be determined 28s. PLA build	CE OF INJURY fing, atc. (Speci	— At home, term, :	streel, factory, o	fice		LOCATION (Street at City or Town, State)	nd Number or R	Rural Route Number,		
LET	29a. CERTIFIER (Check only	at of my knowle	edge, death occum	ed at the time of	ete and place, an	od due to the	cause(s) and man	nor so stated			
OMP	(Check only one) 2 MEDICAL EXAMINER: On the basis								use(a) and manner as stated		
U U	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENS	E NUMBER	I	29d. DATE SIG	GNED (Month, Day, Year)		
8 0	The O Geen		ND					18/	19/94		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEA			**	~	10				
	31. DAUG 23 1902	10/91/99	unite 11	hmor	e Mr	> 2	(20)	-			
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	1 - STATE OF M	MARYLAND / D CEI		IT OF HEALTH 'E OF DEA'		REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last) AKA Sh	irley Mar				2. DATE OF DEATH MONTH DA		3, TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	6. AGE (In yrs. last b	MONTHS	7	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
	219-30-5917 1 M 2 X F	61	YRS.			2-17-33		laryland			
~	9e. FACILITY NAME (If not Institution, give street and number)	11-2-11	96, 01	TY, TOWN OR LOCAT	ION OF DEA	тн	9c. COUNTY	· CHI			
16	RESIDENCE OF DECEDENT	Hospita	1 12d	Itimore.	M	a	Rala	-imone cil			
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TOWN					10d. INSIDE CITY LIMITS?			
	Maryland Anne Arundel		Linth					t TYES 2 X NO			
FUNERAL	404 Nancy Avenue			10f. ZIP COD	.090		10g. CITIZEN	OF WHAT COUNTRY?			
l S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No - 14. RACE - A										
	IF YES GIVE Y	YES 2 X NO		If yes, specify Cubit Test 2 NO	nn, Mexican,			Black, White, etc.			
) BY	3 Widowed 4 Divorced							White			
Ē	15. DECEOENT'S EDUCATION (Specify only highest grade completed)	(Give	DENT'S USUAL of kind of work done to NOT use retired.	during most of work	ing	16b, KIND OF BUS	INESS/INOUST	TRY			
P. E.	Elementary/Secondary (0-12) College (1-4 or 5 - 11th Grade	•)	ıemaker	,		Housewi	fo and	Mothox			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	1 11011	Temaker	16. MOT	HER'S NAM	E (First, Middle, Maiden		I_NO CHET			
BE C	Andrew Wink			N	larie	Downey					
TO BE CON	Mr. Maurice J. Bealefeld					ute Number, City or Town					
B C	200. METHOD OF DISPOSITION				LIIIUI	icum, Mar		21090			
100	t XBurlei 2 ☐ Crametion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)		ODATE OF DISPO		ark 8			or Town, State			
5	The state of the s										
	· X · She	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Keyin E. Ecker Application									
3	23. PART I. Enter the diseases, or complications that	t ceused the deet	h. Do not ente	er the mode of dy	ing, auch	ea cerdiec or reapi	ratory arrest	, Approximate			
	IMMEDIATE CAUSE (Final	se on each line.						Interval Between Onset end Death			
,	disease or condition										
	DUE TO (OR AS A CONSEQUENCE OF):										
ON	Sequentially list conditions, Due to (or as a conscouence of:										
CAT	ceuse. Enter UNDERLYING										
E	that initieted events DUE TO	(OR AS A CONSEOU	ENCE OF):	110.001	UIV						
CERTIFICATION	resulting in deeth) LAST										
CAL C	PART II. Other aignificant conditions contributing to	deeth but not ree	rulting in the u	inderlying cause	given in P	art I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS			
						PERFOR		AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?			
MED						_ /		1 TES 2 NO			
N N	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO NO										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		ОТНЕ	28. PLACE OF E	DEATH (Chec	k only one)					
TYS	1 YES 2 NO 1 Inpatient 2 27. MANNER OF DEATH 28e. DATE OF	ER/Outpatient 3 INJURY	DOA 4 No	26c, INJURY AT		Other (Specify) 28d. DESCRIBE HOW IF	HIBY OCCUP	En .			
K 1	1 Natural 5 Pending (Month, D		INJURY	WORK?		tou. DESCRIBE NOW IT	IJOHT OCCOM	EU			
D BY	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE 0	F INJURY — At home etc. (Specify)	, fer <i>m</i> , straet, fa	ctory, office		28t. LOCATION (Street a	nd Number or I	Pural Route Number,			
е ш	4 Homicide detarmined	ette. (Specify)				City or Town, State)					
COMPLET	29a. CERTIFIER (Check only	my knowledge, death	n occurred at the	time, date end place	, and due to	the cause(a) and man	ner ee atated.				
S S	one) 2 MEDICAL EXAMINER: On the basis of a	camination end/or inv	reatigation, In my	opinion, death occu	red at the ti	me, date and placa, and	d due to the ca	suse(e) end manner se stated.			
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	A.A.		29c. LIC	ENSE NUMB	ER	29d. DATE SI	GNEO (Month, Day, Year)			
6	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CALL	MA)	27) (Time Shire)				-8/	18/94			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE										
	AUG 2 3 1994 Juli Devols	or Randally									

DHMH-16 Rev 1/89

523-1220-

ILDR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. hours after death. Page 6 may be retained by the hospital or attending physician. 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TENDING PHYSICIAN: The law requires that the death certificate be executed with

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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31. DATE FILEOMORI ON YE 1994

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32, REGISTRAR'S SIGNATURE

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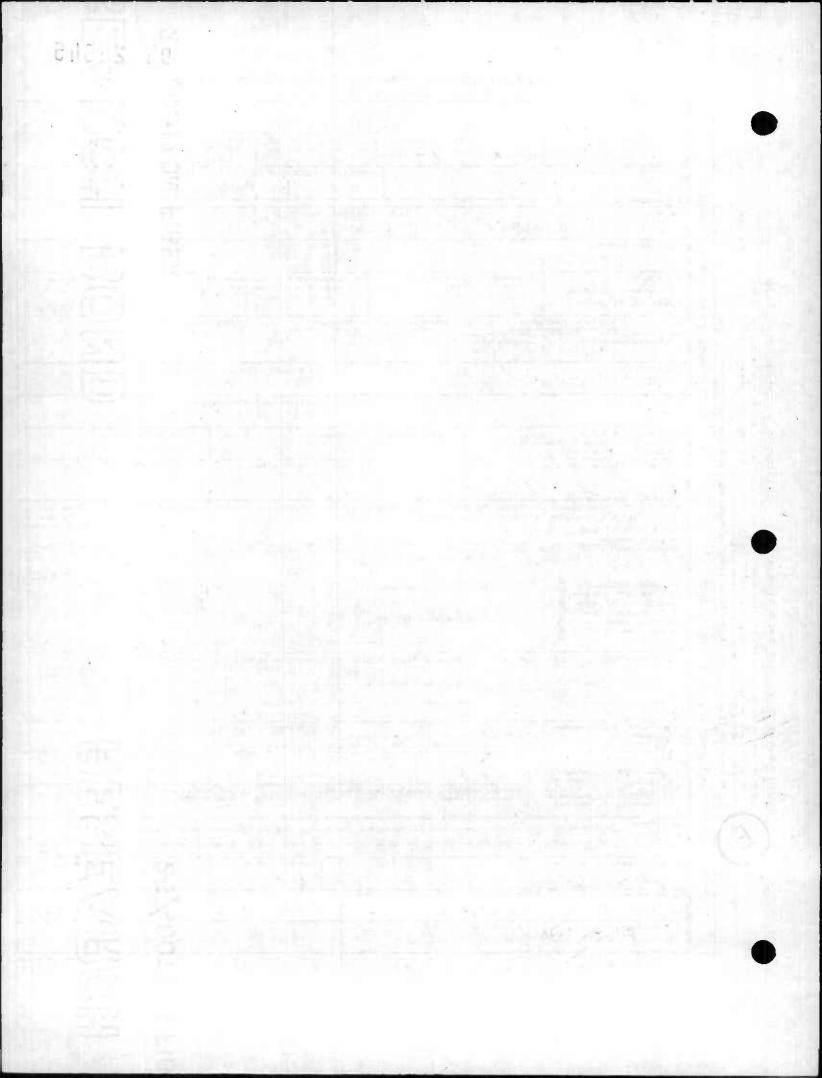
- STATE REGISTRAR		CE	2 H	CAIL	- Ur	DEATH		REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)	Alma	Hoot .	Baur BA1		Δ	\	2. DA'	E OF DEATH	8-17-	94	3. TIME OF DEATH
4. SOCIAL SECURITY HUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER		IF UNDER 24 HR	7. DAT	E OF BIRTH		a. BIRTH	PLACE (State or Foreign
220 24 4369	1 🗆 M 2 🎉 F	87	YRS.	NONTHS	DAYS	HOURS MIN	(Mo	12-23-1	906	Mar	yland
St Agres Hospitalion, give stre				96. CITY	, TOWN C	AN Are	BEATH B.	altimor	29c. COUN	U J	
Mary Land 106. COUNTY	Baltimor	e Co	10c. CITY,		OR LOCAT		Bal	timore			10d. IHSIOE CITY LIMITS? 1 YES 2 HO
10e. STREET AND NUMBER 715 Maiden Choice	e Lane	- 1				21228			10g. CITIZ		HAT COUNTRY?
11. MARITAL STATUS 1 Hever Married 2 Merried 3 Wildowed 4 Divorced		T EVER IN U.S. ARM YES 2 NO			If yes, sp	ENDENT OF HIS ecify Cuben, Mer 2 HO Sp	ican, Puert	SIN? (Specify Yes o Rican, atc.)	n or No—	14. RACE Black, Specify	- American Indian, white, atc. White
15. DECEDENT'S EDUCA (Specify only highest grade or Elementary(Secondary (0-12)	ATION completed) College (1-4 or 5 +	(Giv	CEDENT'S US ve kind of wor Do NOT use HOME	onk done	during mo		1	6b. KIHD OF BU	SINESS/IND	USTRY	WILLE
17. FATHER'S NAME (First, Middle, Last) Charles William I	Hoot	TA I				18. MOTHER'S Franc		, Middle, Meiden Conrad	Surname)		
19a. IHFORMANT'S NAME (Type/Print) Ellen Price		19b.				nd Number or Ru Choice					21228
Burlet 2 Cremetion 3 Remov			metory or othe			ID AOORESS OF	FACILITY	State	Anato	my B	oard
	DUE TO	d Wade, D	eth. Do not	22.	HAME AI	Baltim de of dylng, s	ore 9	St Ral	to MD	2120	
23. PART I. Enter the diseases, or co shock, or heart fellure. Li MMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events	DUE TO	I caused the deepse on each line. OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON	DIT LAN DUENCE OF): DUENCE OF):	22. Got enter	HAME AND STATE OF THE MAN THE	Baltim de of dylng, s	ore S	St Ral	to MD Iratory sm	2120	Approximate Interval Between
23. PART I. Enter the diseases, or co shock, or heart feilure. Li MMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initisted events resulting in death) LAST PART II. Other significent conditione	DUE TO	I caused the deepse on each line. OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON	DIT LAND DUENCE OF): DUENCE OF): DUENCE OF):	22. (for the state of the state	HAME AI	Baltim de of dylng, s	ore Such es ca	24a. WAS AHPERFOI	to MD Iratory sm	2120	Approximate Interval Betwee Onset and Dei Years Years WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
23. PART I. Enter the diseases, or conshock, or heart fellure. Li IMMEDIATE CAUSE (Finel diseases or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditione 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO O CONTRIBUTION OF THE PROPERTY OF THE P	d Wade, D I caused the dee se on each line. COR AS A CONSEON (O	DIT eth. Do not lead DUENCE OF): DUENCE OF):	22. (final state of the state o	HAME AIR 555W the mo cluster of the mo cluster	Baltim de of dylng, a	In Part I.	24a. WAS AHPERFOI	AUTOPSY RMED?	2120 Det,	Approximate Interval Betwee Onset and Dei Years Years WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
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23. PART I. Enter the diseases, or co shock, or heart fellure. Li MMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST PART II. Other significent conditione 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANHER OF DEATH 1 Netural 5 Pending investigation 2 Accident Pending investigation 3 Suicide 6 Could not be determined	DUE TO DUE TO CONTRIBUTION OF	Coursed the deep se on each line. Cor as a conseou (OR as a conseou (OR as a conseou deeth but not red) ER/Outpetlent 3 (HAJURY 99 Year) FINJURY — At hometic. (Specify)	DUENCE OF): DUENC	22. St enter OTHE UT OF MY M M OF FRY M M M OF FRY M M M OF FRY M M M OF FRY M M M OF FRY M M M OF FRY M M M OF FRY M M M OF FRY M M M OF FRY M M M OF FRY M M M OF FRY M M M OF FRY M M M OF FRY M M M OF FRY M M M M OF FRY M M M M M M M M M M M M M	the mo	Baltim de of dylng, a Ce g ceuse given ACE OF DEATH 5 Residen URY AT RES 2 HO	In Part I.	24a. WAS AHPERFOI One) Description (Specify) ESCRIBE HOW. CATION (Street by or Yown, State)	AUTOPSY NMED? I NO INJURY OCC	2120 pet, 24b.	Approximate Interval Betwee Onset and Dei Glaus
23. PART I. Enter the diseases, or co shock, or heart fellure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initisted events resulting in death) LAST DART II. Other significent conditione 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANHER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	DUE TO DUE TO CONTRIBUTE TO CO	Coursed the deep se on each line. Cor as a conseou (OR as a conseou (OR as a conseou deeth but not red) ER/Outpatient 3 (HJURY - Al horr atc. (Specify))	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DOA 4 28b. TIME INJUF	22. St enter OTHE	HAME AND THE MEDICAL CONTROL OF THE	Baltim de of dylng, s C G ceuse given ACE OF DEATH 5 Residen URY YES 2 HO and place, and	In Part I. Check only 28 6 Or 28d. C	24a. WAS AMPERFOIL One) CESCRIBE HOW. DOCATION (Street by or Town, State, sause(a) and ma	I AUTOPSY RMED? I NO INJURY OCC	2120 pet, 24b. 24b.	Approximate interval Betwee Onset and De Grand Service Onset and De Grand Service Onset and De Grand Service Onset and De Grand Service Onset and De Grand Service Onset

299 FREDERICK

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DHMH-18 Rev 1/89

BAG. 002124



2. DATE OF DEATH AU6

		11111 20 01 10	5. SEX 6. A	GE (In yrs. las		ONTHS DA	-	JNDER 24 HRS. JRS MIN.	7. DATE OF	BIRTH ay, Year)	21/	a. BIRTHPLACE (State or Foreign New) Jersey
020 physician. burial-transit permit. Pages 1, 2, 3 should	_	Prince George Gene	/ -	tal		b. CITY, TO	WN OR LO	cation of de	EATH	75.79	9c. COU	TTY OF DEATH
. 2, 3	DIRECTOR	RESIDENCE OF DECEDENT					Office	CITY			LII	nce George Co
ges 1	JEC.	10e. STATE 10b. COUNTY			10c. CITY,	TOWN OR L	OCATION					10d. INSIDE CITY
28		Virginia Prince	William (Со	Ma	nassa	as					LIMITS?
E	FUNERAL	10e. STREET AND NUMBER					10f. ZIP	CODE			10g. CITI	ZEN OF WHAT COUNTRY?
an. ransit	삘	9277 Bayberry Ave						22110				SA
120 hysicli	2	11, MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVE FORCES? 1 Y	ES 2 N	10	It yes	s, specify	NT OF HISPAN Cuben, Mexice	n, Puerto Rica		or No—	14. RACE — American Indian, Black, White, etc.
ding p	В	3 Widowed 4 Divorced	National	Guard	l	1 🗆	YES 2 🗌	NO Specify				Specify: White
IARYLAND 21215-0020 stained by the hospital or attending physician should be detached for use as the burial-tran tilflied at once.	COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION ompleted)	(G	CEDENT'S US	rk done durin	PATION a most of v	workina	16b. KII	ND OF BUS	SINESS/IND	USTRY
tal or			College (1-4 or 5+)	life.	Do NOT use	retired.)					ucti	
MARYLAND retained by the hospit 5 should be detached notifiled at once.	AM	17. FATHER'S NAME (First, Middle, Last)						MOTHER IN MA				ctric Inc.
YLA by the be de		Charles Barger						MOTHER'S NA Gladys			Sumeme)	
MAR retained to 5 should notified	BE	19a. INFORMANT'S NAME (Type/Print)		191	. MAILING A	DDRESS (Str	_	imber or Rural F			n. State. Zip	Code)
5 5 5	유	Ellen Barger			9277	Baybe	rry	Ave,Ma	nassas	s,VA	2211	0
BALTIMORE, nours after death. Page 6 may be d in by the funeral director, page or removal.		20e. METHOD OF DISPOSITION 1 □ Burial 2 □ Cremetion 3 □ Remove 4 □ Constion 5 □ Other (Specify)		20b. PLACE A cemetery, cre			N (Name of		DATE	20c. LO	CATION —	City or Town, State
Page al dire		21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE Ronald V	Vade, D	ir	22. NAM	E AND AD	DRESS OF FA	CILITY S1	tate	Anat	omy Board
death death e fune ii.		may 1 PM	1 pole	,		65	5W.B	altimo				
B/ urs after d in by the removal.		23. PART I. Enter the dieeesea, pr cpi shock, pr heert failure. Lie	mplicatione thet cau	sed the de	ath. Do no	enter the	mode o	f dying, aucl	h ea cardied	or respi	ratory err	eat, Approximate Interval Betwe
P.O. BOX 68760 th certificate be executed within 724 if ending physician and completely fille i Hygiene prior to burial, cremation, or other traumatic event, the	CERTIFICATION	IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR A	IS A CONSEC	DUENCE OF):	il a	va	sen	lar	ok	ž (Onset and Dec
S 5 5 5		PART II. Other aignificant conditions	contributing to deet	h but not r	esuiting in	the under	lying cau	uae given in	Part i. 24	e. WAS AN		24b. WERE AUTOPSY FINDING
ORD: that the sed by the the and M	MEDICAL	9	liaber	les .	me	elit	ud	- 00		PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ECOI quires than n signed f Health a	MEC											DF DEATH?
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T ate	CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		E OF DEATH	(Check only	one)					
F VIT SICIAN: 1 certificate th the State	PHYSIC	27. MANNER OF DEATH	26a, OATE OF INJUI		DOA 4	-	Home 5	Residence	a Other (S)		I HIEW OCC	NAME O
O F in it is		1 Natural 5 Pending	(Month, Day, Yes		INJUF	tY .	WORK?	2 NO	200, DESCRI	BE HOW IF	130KT OCC	ONED
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DIVI	COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:										ed. e ceuse(e) end menner es stated.
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TO THE TO THE be fied in POR	BE	(manyan)	acle	in	1		230.	1) 12	870		Da.	SIGNED (Month, Day, Year)
888	2	30. NAME AND ADDRESS OF PENSON WHO O	COMPLETED CAUSE OF	DEATH (ITEM	7/) (Type, P	TRE	127	5N7	12	AR	60	MD2077
		31. DATE FILED (Month, Day, Year) AUG 2 2 1994	32 REGISTRAR'S S		10)	IN			1		1	, , , , , , , , , , , , , , , , , , , ,
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STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

94 24646

> Approximate Interval Between **Onset and Death**

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATHS

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MARYLAND 21215-0020	r attending
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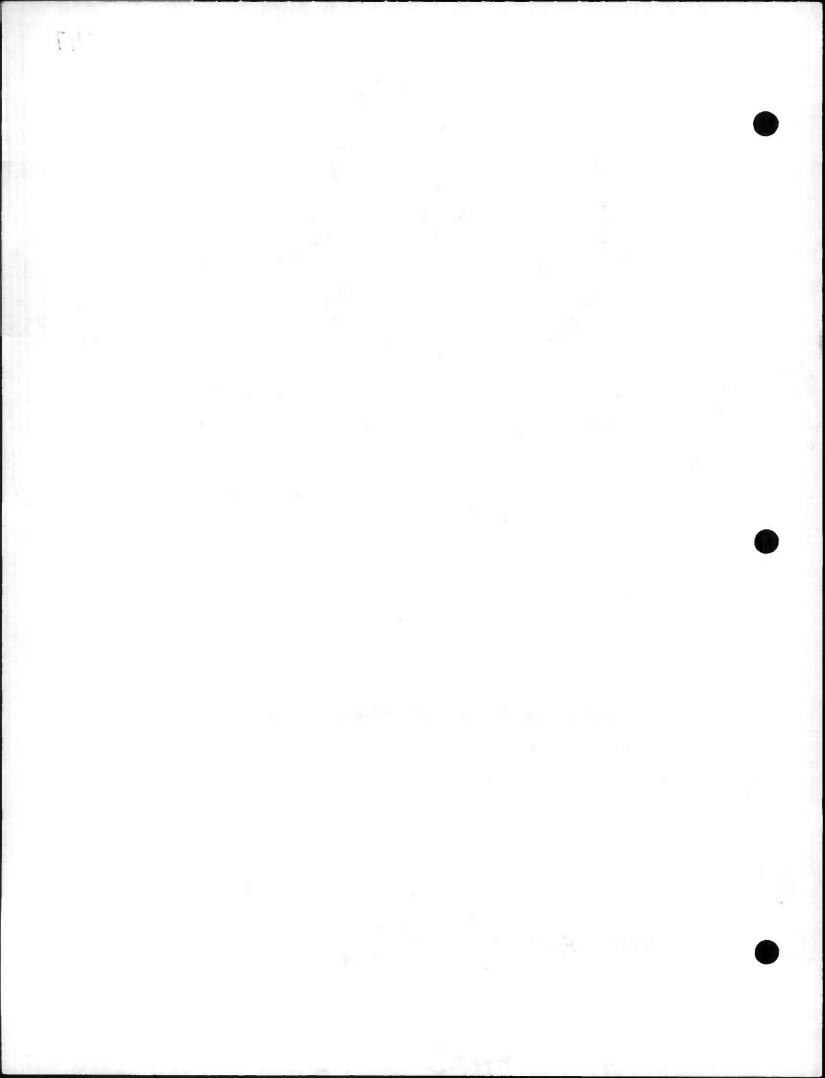
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FOR 1 - STATE PEGISTRAD STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		1. DECEDENT'S NAME (First, ROSS	Middle, Last)	BA	RNET	r					2. DATE OF MONTH	DEATH DA		94 3.	TIME OF DEATH
		4. SOCIAL SECURITY NUMB	ER	5. SEX		yrs. last birtho	y) IF UN	DER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH	•		NCE (State or Foreign
		213-26-7862		1 X M 2 🗆 F		82 YR	MONTH	B DAY	HOURS	MIN.	Dec.	6, 19	911	Country)	
pino		9a. FACILITY NAME (If not ins		treet and number)		02	9b. C	ITY. TOW	N OR LOCATIO	N OF DE		0, 1		NTY OF GEAT	rolina
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Sed	DIRECTOR	10a. STATE	10b. COUNT			10c,	CITY, TOW	N OR LO	CATION					100	d. INSIDE CITY LIMITS?
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permit. Pages 1,	AL	10e. STREET AND NUMBER							101. ZIP CODE				10g. CIT	IZEN OF WHA	COUNTRY?
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e bui	ВУ	1 Never Married 2 3		IF YES, GIVE V	MR OR DAT	res X			specify Cuban ES 2 NO			en, etc.)		Specify:	
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ter death. Page 6 may be retained to the funeral director, page 5 should Nat.		Vine	10	AC				1101	E. No	orth	Avenu	ie/Ba	ltim	ore, M	D 21202
in by or remo		23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. Liet only one cause on each line. Approximate interval Between Onset and Death disease or condition a. Due to (or as a consequence of):													
execute n and co to buria matic	CATION	Sequentielly list condition of any, leading to immediate. Enter UNDERLYII CAUSE (Disease or Injur	liate NG	b		CONSEQUENC			1						
endi Hy	CERTIFICATION	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS													
that the dealed by the att the and Menta the and Menta any injury,	AL	PART II. Other algnifican	nt condition	a contributing to	deeth bu	t not resulti	ng in the	underly	ing ceuse g	iven in	Part i. 24	Ia. WAS AN PERFOR			RE AUTOPSY FINDINGS AILABLE PRIOR TO
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MSICIAN. The law requires certificate has been signed the State Dept. of Health bd., or item 23 shows and	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			ОТН		PLACE OF DE	ATH (Che	eck only one)				
CIAN.	YS	1 YES 2 NO		1 2 inpatient 2			4 0	Nursing H	ome 5 🗆 Rai	sidence	8 Other (S	Specify)			
e co	ву Рн		Pending nvestigation	28a. DATE OF (Month, D		28b.	TIME OF INJURY		INJURY AT WORK? YES 2	NO	2ad, DEŞCR	NBE HOW II	NJURY OC	CURED	
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HAL D	COMPLE	onei		CIAN: To the best of a											od manner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 h IMPORTANT, II	BE CC	29b. SIGNATURE AND TITLE			_				29c. LICE			_	29d, DAT	E SIGNED (Mo	onth, Day, Year)
5 5 3 W	TO B	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEA	TH (ITEM 27) /	ype, Print)			03	3757	3	•	शंज्याष्ठ	14
			bell	MD	4226	o po	uk }	teve	hts	Ave	Bo	Huno	ue 1	5 DM	8051
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182. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

jures that the death certificate be executed with. I hours after death. Page 6 may be retained by the hospital or attending physician.	The FAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,	lygiene prior to burial, cremation, or removal.	other traumatic event, the medical examiner must be notified at once
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH QU ANNA BAUM 822 AM 08 16 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In vrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS MIN 216-10-8773 1 M 2 N F 91 12-18-12 MARYLAND 9a. FACILITY NAME (If not institution, give street and number, 95 CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SINAI HOSPITAL BOTTY DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BCITY BALTIMORE 1 X YES 2 | NO FUNERAL 10s. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3601 CLARKS LANE APT. 6402 AFOLLO 21209 21215 ROND AZU 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE - American Indian, Black, White, etc. It yes, specify Cuba 1 ☐ YES 2 NO 1 Nover Married 2 Married Specify: BY Specify 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EOUCATION 18s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Give kind of work done fe. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE AT HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) KOSTIN CELIA BRAHAM SCHWARTZ BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
7038 HARBOUR VILLAGE CT, APT.101 ANNAPOLIS, MD 21403 19a. INFORMANT'S NAME (Type/Print) 0 MRS MARSHA KLAMNER 20e. METHOD OF DISPOSITION
1 🔀 Burlal 2 □ Cremation 3 □ Ramoval from State
4 □ Donation 5 □ Other (Specify) □ 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State BETH EL MEMORIAL PARK-8/18/94 RANDALLSTOWN, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. will 6010 REISTERSTOWN RD BALTIMORE, MD 21215 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or heart feilure. List only one cause on each line. Intervsi Between IMMEDIATE CAUSE (Finel Onset and Dasth diseese or condition_ 2nd to AORTIC STENDSII ARRYTHMIA dx: 1987 resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF). if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in desth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMEO? MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 🔀 NO 🗍 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 YES 2 NO 27. MANNER OF DEATH 28a. OATE OF INJURY 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCUREO 28b. TIME OF 5 Pending Investigation 1 SQ Natural NA BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, term, street, tectory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 2 OF DEATH (ITEM 27) (Type, Print) M.D HOSPITAL SINAI

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTMENT OF		MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Leet) Edwar	d 8	ra o	stek	2. DATE OF DEATH MONEY	9 ^{YEAR}	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 5	6. SEX 6. AGE (in yrs. ia	est birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTH Countr	IPLACE (State or Foreign				
		X M 2 □ F 77	7 YRS.		10-15-16	MA	RYLAND				
Œ	9a. FACILITY NAME (If not institution, give stree JOHNS HOPKINS BA			OR LOCATION OF DE TIMORE	HTA	9c. CDUNTY OF D	EATH				
SCI	RESIDENCE OF DECEDENT 108. STATE 109. COLY TOWN DR I OCATION										
DIRECTOR	MARYLAND 106. CITY, TOWN DR LOCATION 10d. 10d. 11X										
	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN DF WHAT										
FUNERAL	613 S. MONTFORD			21224		US	A				
ВУ											
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	mpleted) (0	ECEDENT'S USUAL OCCUPAT	ON ost of working	16b. KIND OF BUSH						
PLE	Elementary/Secondary (0-12) (College (1-4 or 5+)	in Do NOT use retired.) ING SHOREMA	N	ILA		1				
NO.	17. FATHER'S NAME (First, Middle, Last)		NG SHOKEMA		ME (First, Middle, Maiden S	urname)					
BE C	RANK J. BRZOSTE	K		BERTHA	SIATKOW	SKI					
5	190. INFORMANT'S NAME (Type/Print) MRS. HELEN HARTM		96. MAILING ADDRESS (Street			,	,				
	20a. METHOD DF DISPOSITION	20b. PLACE	AND DATE OF DISPOSITION /A		BALTO. MD	ATION — City or To					
	1X Burial 2 Cremation 3 Ramova 4 Donation 5 Other (Specify)	[HOĽŸ	RUSARY CE	METERY	8-24 BAL						
	25 SIGNATURE OF FUNERAL SERVICE LICEN	SEE /.			FUNERAL						
_	23. PART I. Enter the diseases, or cog	goradu			ST. BALTO						
	immediate cause (Final disease or condition resulting in death)	only one ceuse on each line	e.	ode of dying, suc	n as cardiac or reepire	story arrest,	Approximate Interval Between Onset and Death				
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (DR AS A CONSE	EDUENCE DF):								
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PHYSICIAN: MEDICAL	PART II. Other eignificant conditions of	_ ^ .	D DM	g ceuse given in	Part I. 24a. WAS AN A PERFORM 1 YES 2	IED?	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
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IVSI		☐ Inpatient 2 ☐ ER/Outpatient 3	3 DOA 4 Nursing Ho	ne 5 🗆 Realdenca							
	1 Netural 5 Pending	28a. DATE DF INJURY (Month, Day, Year)	INJURY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HDW IN.	JURY OCCURED					
TED BY	2 Accident Investigation 3 Suicida 8 Could not be datarmined	28a. PLACE DF INJURY — At he building, atc. (Specify)			261. LOCATION (Street an City or Town, State)	d Number or Rural F	Route Number,				
COMPLETED	onel	N: To the best of my knowledge, do					i) and manner as stated.				
BE C	296. SIGNATURE AND TITLE OF CENTIFIER			29c. LICENSE NUM	144-26-2714	29d. DATE SIGNED	(Month, Pay, Year)				
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	30. NAME AND ADDRESS OF PERSON WHO C	DMPLETED CAUSE OF DEATH (ITE	EM 27) (Type, Print) 1 HBM			1					
	AUG 2 3 1994	32 AEGISTRAR'S SIGNATURE	delle								

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The law requires that the death certificate be executed within purs after death. Page 6 may be retained by the hospital or attending physician. It has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTACHMENT THE law requires that the death certificate be executed with.	TO THE FUNERAL DHISTOR COMMISSION FOR A CONTROL HAS been signed by the attending physician and completely filled in by the furneral director, page 5 should be detach be find within 72 memoral.	IMPORTANT: If Item is is marken, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once,
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1 - STATE REGISTRAR	STATE OF N	MARYLAND C				DEAT		IENTA	L HYGIEN			
1. DECEDENT'S NAME (First, Middle, Last) ENEST CH	RISTIAN		BIER	ETZ				2. DATE	OF DEATH	~1 994	YEAR	3. TIME OF DEATH 12;20 am
4. SOCIAL SECURITY NUMBER 213-01-2238	5. SEX 1 X M 2 F	6. AGE (In yrs. le	st birthday) YRS.	# UNDER	DAYS	IF UNDER 2	MIN.	7. DATE (Mont)	of BIRTH 1, Day, Year) 22/08	7	Countr	PLACE (State or Foreign ryland
9s. FACILITY NAME (If not institution, give Saint Joseph Hosp						on, M				9c. COUN	altim	
Saint Joseph Hosp RESIDENCE OF DECEDENT 100. STATE 100. COUNT Maryland Bal	timore		_	Y, TOWN O		ION						10d. INSIDE CITY LIMITS? 1 YES 2 NO
1000 E. Joppa Ro	ad Apt.	509			101	ZIP CODE	86				EN OF V	VHAT COUNTRY?
3 Widowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S. AI	RMED	- 1	f yes, sp		HISPANI Maxican	, Puarto I	I? (Specify Ya Rican, etc.)		14. RACE Black	— American Indian, White, atc.
15. DECEDENT'S EDI (Specify only highest grad Elamentary/Secondary (0-12) 12th Grade 17. FATHER'S NAME (First, Middle, Last)	UCATION le completed) College (1-4 or 5 -	·) ((e. Do NOT u	work done o se retired.)	during mo	ON st of working		16b		JSINESS/INDU		
12th Grade		E	lect	ricar	1	18. MOTHE	FR'S NAM	IF (First)	Const	ructi	on	
Edward Daniel	Bieretz								Owens	r Surrieme)		
198. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a					wn, State, Zip (Code)	
Anne C. Bieretz		1				a_Rd.	Ap			owson		
1 X Burial 2 Cremation 3 Rer	noval from Stata	20b. PLACE cemetary, cr Morel					8/	23/9		ocation — c Hillen		
21. SIGNATURE OF FUNERAL MERVICE U	CENSEE			JC	hame an	on Full Loch	nera	al Ho	ome	Towson		
23 PART I Enter the diseeses, or shock, or heert fellure	complications the	t ceused the d	eeth. Do	not enter	the mo	de of dyin	g, auch	as cere	lisc or resp	piratory srre	st,	Approximate intervel Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)	•.GANGRE	NE. SMA	LL BO	WEL	RIGH	IT COL	LON					Onset end Desti
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. ATRIAL F	(DR AS A CONSE	OUENCE O	F): F):								UNKN.
	d											
PART II. Other significant conditions of the property of the p			resulting	in the un	derlying	ceuse gl	ven in F	Part 1.	24a. WAS AI PERFO 1 YES	RMED?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	T				28 PI	ACE OF DEA	ATH (Che	ck only or	ool .			
EXAMINER? YES 2 NO	HOSPITAL:	ER/Outpatient :	3 DOA	OTHER	3:	e 5 🗆 Rasi						
27. MANNER OF DEATH	28a. DATE OF (Month, D	INJURY	28b. TIM		28c. INJ					INJURY OCCU	JRED	
Accident Investigation				M	t 🗆 1	/ES 2 🗌	-					
	building,	F INJURY — At he atc. (Specify)	ome, term,	street, tact	ory, offic			26t, LOC City	ATION (Street or Town, State	and Number o	r Runal F	loute Number,
	SICIAN: To the best of ER: On the basis of a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	IR.					29c. LICEN	ISE NUMI	BER		294. DATE	SILVED	(Month, Day, Year)
IX XX	4					0227	33			•	112	154
30. NAME AND ADDRESS OF PERSON W	N.D., 762	SE OF DEATH (ITE	ROAL	Print)	NSO	N, MAI	RYLA	ND a	1204			
31. DATE FILED (Month, Day, Year) AUG 2, 3 1994	ALLA DAUDES	R'S AGNATURE							_			

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31. DATE FILED (Month, Day, Year)
AUG 2 3 1994 Ja

32, REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020	ICIAN: The law requires that the death certificate be executed within a four after death. Page 6 may be retained by the hospital or attending physician. Settificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mertial Hyghere prior to buriat-creamation, or retirular, and the province has the martinal mertial province to the province has martinal mertial province.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HUSEPING DESCRIPCION: The law requires that the death certificate be executed within acrouns after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNER OFFICIAL After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filled within 21 in the State Dept. of Health and Mental Hygier prior to burial, exertation, or removal, and account and account and prior at the present the market or team 23 should be accounted to the present the market or team 23 should be a team 23 should be applied to the property of the prior of the prio	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	FOR 1 - STATE REGISTRAR	STATE OF M			RTMEN					IYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	QUE	N	C	A	02	2		2. DATE OF MONTH	De	AY O	YEAR 94	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		IF UNDE	1 YEAR	IF UNDER		7. DATE OF I	HTRIE			IPLACE (State or Foreign
	219-40-3565	1 🗆 M 2 💢 F	90	YRS.	MONTHS	DAYS	HOURS	MIN.	01/2	8/8	14		INIA
TOR	99. FACILITY NAME (If not institution, give s N.W. MEDICAL CENT RESIDENCE OF DECEDENT				9b. CITY	r, TOWN O	R LOCATI	ON OF DE	EATH		9c. CO	UNTY OF O	EATH
DIRECTOR	10a. STATE 10b. COUNTY	r		10c. CIT	ry, town	OR LOCAT		WN					10d. INSIDE CITY LIMITS?
FUNERAL (10a, STREET AND NUMBER	IC MIDCIN	CENTER			101	ZIP COD	€ 133			10g. Ci	TIZEN OF V	1 X YES 2 □ NO WHAT COUNTRY?
JNE	TRINITY GERATR	12. WAS DECEDENT			12	WAS DEC			IIC ORIGIN? (S	nacihi Va		USA.	- American Indian,
BY	1 Never Married 2 Merried 3 Widowed 4 Olvorced	FORCES? 1 [IF YES, GIVE WA	YES 2 N	0	100	If yes, spe	2 XNO	Specify	n, Puerto Rica	n, etc.)	- OI NO	Speci BLA	t, White, etc.
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Gh	re kind of	USUAL O work done se retired.)			ng	16b. KIN	OF BU	SINESS/IN		
COMPLET	LINKNOWN	(, , , , , , , , , , , , , , , , , , ,		DOI	MEST	IC V	JORK)	ER	М	AID	SE	RVICE	E
	17. FATHER'S NAME (First, Middle, Last) UNKNOWN						18. MOT		ME (First, Midd	le, Maiden	Surneme)		
) BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	AODRES	S (Street a			Route Number, (City or Tow	n, State, Z	(ip Code)	
5	ELDER BY	RD	7	7 MA	RONE	COUI	RT,	REIS'	TERSTO	WN,	MD.	21136	5
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACEA	natory or o	ther plece)			v	1			- City or To	wn, State MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE CO	ENSEE	I WEST	KIN	22.	NAME AN	D ADDRE	SS OF FA	CILITY				
		DOWN	72										E, P.A. E, MD. 21223
	23 PART I. Enter the disease, or a shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one caus	ceused the dece on each line.		not enter	the mo	de of dy	ing, auci	h aa cerdiac	or reap	iretory a	rreat,	Approximate interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	DE TO (C)	OR AS A CONSEO	L UENCE O	E f					-T	To	E	
MEDICAL C	PART II. Other algnificant condition	s contributing to c	leeth but not re	esulting	in the u	nderlying] ceuse	given in		PERFOR		24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO USE C	ONTRIBUTE	TO CAUS	E OF	DEAT	TH Y	ES 🔲	NO					1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE	R:			8 Other (Sc	pecify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF I (Month, Day		28b. TJN	_	28c. INJI WO			28d. DESCRI		INJURY O	CCURED	
#ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — At hor tc. (Specify)	ne, Jerm,	street, fac				281. LOCATIO City or To	ON (Street own, State)	end Numbe	er or Rural F	Route Number,
COMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE												o) end manner as stated.
H	296. SIGNATURE AND TITLE OF CERTIFIES			7~	n n	D		ENSE NUM		_		TE SIGNEO	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	E OF OEATH (ITEM		o, Print)	HV	1 ES	T	Ho.	50		-	- ' '
	31. DATE FILED (Month, Day, Year)	32, REGISTRAR	'S SIGNATURE										

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MG PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.

The refricate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 1. M 2 SET 1. M 2 SET 3. SEX 1. M MORTH 1. M MORTH 1. M MORTH 1. M MORTH 1. M MORTH 1. M MORTH 1. M MORTH 1. SEX		1 - STATE REGISTRAR						ATE O			ENTAL HYGIE REG. N			
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THE THE PROPERTY OF THE PROPER		4. SOCIAL SECURITY NUMBER		5. SEX			lay) IF	F UNDER 1 YEA	R IF UNDE	R 24 HRS.	7. DATE OF BIRTH		8. BIRTHPL	ACE (State or Foreign
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Secretary Secr		510 Fairmont	Arra											
Secretary Secr	5		AVE	12. WAS DECEDEN	T EVER IN	U.S. ARMED			ECENDENT	OF NISPANI			14. RACE -	- American Indian,
S. DECEDENTS EDUCATION S. DECEDENTS EDUCATION S. DECEDENTS USUAL OCCUPATION Examines proceeding (0.13) T. PATHER'S NAME (1701, Modilla, Last) 1. MOTHER'S NAME (1701, Modilla, Last) T. PATHER'S NAME (1701, Modilla, Last) T. SAME NAME (1701, Modilla				IF YES, GIVE W	YES	ESXX NO		If yes,	ES 2 JNO	an, Mexican, Specify:	Puerto Ricen, etc.)			White, etc.
Beanward (Special County) Beanward (Special County) Beanward (Special County) College (14 or 5 +) To KNEEDES AME (First, Modes, Leaf) INKNOWN The Brownard's NAME (First, Modes, Modes, Survey, Leaf) The County of the Brownard's NAME (First, Modes, Modes, Survey, Leaf) The County of the Brownard's NAME (First, Modes, Modes, Survey, Leaf) The County of the Brownard's NAME (First, Modes, Modes, Survey, Leaf) The Modes of the Survey, Leaf, Survey, Le	- 4							1		Х			WHIT	E
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Boundary Control Con	-	Dorothy McKenr	าล											
21. SIGNATURE OF JUNERAL SERVICE LICENSE 22. RAME AND ADDRESS OF ROCALITY HARDESTY FUNERAL HOME PA. 12. RIGGLEY AVE: Annapolis, Md. 21401 23. PART I. Enter the diseases, or complications that caused the doubth. Do not effer the mode of dying, such as cardiac or respiratory streat, intraval Belw Onset and D. 23. PART I. Enter the diseases, or complications that caused the doubth. Do not effer the mode of dying, such as cardiac or respiratory streat, intraval Belw Onset and D. 23. PART II. Enter the diseases, or complications that caused the doubth. Do not effer the mode of dying, such as cardiac or respiratory streat, intraval Belw Onset and D. 23. PART II. Enter the diseases, or complications that cause on aech line. IMMEDIATE CAUSE (Final diseases or include the line of the complete of the caused of the cause		20a. METNOD OF DISPOSITION		ouni from State		PLACE AND DA	TEOFD	DISPOSITION		Len				ı, Stata
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1 YES 2 MO 1	1			111	death bu	t not resulti	ng in t	the underly	ing cause	given in P	srt I. 24a. WAS /			
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4 Nomicide determined building, site. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (TYPE, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	- 8	3 Coulotdo		28e. PLACE O	F INJURY -	- At home, te	m, stree			_	26f. LOCATION (Street	et and Numbe	er or Rural Rou	ite Number,
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296. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNATURE 296. DATE SIGNATURE 296. DATE SIGNATURE 296. DATE SIGNATURE 296. DATE SIGNATURE 296. DATE SIGNATURE 296. DATE SIGNATURE 296. DATE SIGNATURE 296. DATE SIGNATURE 296. DATE SIGNATURE 296. DATE SIGNATURE 296. DATE SIGNATURE 296. DATE SIGNATURE 296. DATE SIGNATURE 296. DATE SIGNATURE 296. DATE SIGNATURE 297. DATE SIGNATURE 296. DATE SIGNATURE 297. DATE SIGNATURE 297. DATE SIGNATURE 298. DATE SIGNATURE 299. DATE SIGNATURE 299. DATE SIGNATURE 299. DATE SIGNATURE 299. DATE SIGNATURE 299. DATE SIGNATURE 299. DATE SIGNATURE	1													ind manner as stated.
30. NAME AND ADDRESS OF PERSON WNG COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 855 PARTHERON COURTE CAPPER MANUSCAD IND 2022 31. DATE FILED (Month, Day, Yoar) 12. REGISTRAP'S SIGNATURE	- III				1									
30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print) 855/ PARTY COURT, CUPPER MARKES MARKE	ן מ	clohu-	5	BL-1		n	0					10	8/2	0/014
31. DATE FILED (Month, Day, Year) 1 32, REGISTRAP'S SIGNATURE	4	30. NAME AND ADDRESS OF PER	RSON WN	O COMPLETED CAUS	SE OF DEAT	TH (ITEM 27) (Type, Prin	int)						107
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		MANGREEN	_	600177	2//	\sim			ner	302	o n	10 7	2027	2_
MICO 9 1004 Valid distribution Karl-II				32. REGISTRA	R'S SIGNAT	TURE								
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31. DATE FILED (M.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Midd 2. DATE OF DEATH 3. TIME OF DEATH 7m 10:25 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS 8. BIRTHPLACE (State or For 69 -12-6284 detached for use as the burial-transit permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH 5 HAR. FORD DIRECTOR STON 10 RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD. HARFORD 1 - YES 2 NO BY FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21015 USA ours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, stc. If yes, specify Cuben, Mexicen, Puerto Ricen, atc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried
3 Divorced Specify: WHITE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION

The blad of work done during most of working 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) Steel INDUSTRY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle Meiden Surname) JOSEPH notified at BE MATTIE page 5 should 19e, INFORMANT'S NAME (Type/P 19b. MAILINO ADDRESS (Street Number or Rural Route Number, City 2 DE TTY M. Cox must be 20c. LOCATION — City or Town, State 20a METHOD OF DISPOSITION
1 A Burlel 2 Cremetion 3 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 8/23/9 Removal from State funeral director, Rossyille, Md. Donetion 5 - Other (Specify) examiner 22. NAME AND ADDRESS OF FACILITY Chapel Beldir 21. SIGNATURE OF FUNERAL SERVICE LICENSE Forest H. 11, Md. 21050 3 NEWPORT DR filled in by the medical 23. PART I. Elvier the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cerdiac or reepiratory arrest, shock, or heart failure. List only one cause on each line. intarvai Between signed by the attending physician and completely filled in Health and Mental Hydiene prior to burial, cremation, or IMMEDIATE CAUSE (Final Onsat and Daath the disease or condition heart DUE TO OR AS A CONSEQUENCE OF: resulting in death) traumatic event, CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUE If any, leading to immediate cause. Enter UNDERLYING DUE TO (O) AS A CONSEQUENCE OF): CAUSE (Disease or Injury other that initiated evants resulting in death) LAST 10 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? shows any 1 | YES 2 100 1 YES 2 NO PHYSICIAN: Dept. 23 has 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) item EXAMINER? certificate State HOSPITAL: DR ATTENDING PHYSICIAN: patient 2 - ER/Outpatient 3 - OOA 4 Nursing Home 5 Realdence 6 Other (Specify) 0 the 27. MANNER DF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED With marked. this 1 Natural Pending 1 YES 2 NO BY After death 2 Accident Investigation Sulcide 28e. PLACE OF INJURY - At he building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28 is Could not be **6MPLETED** DIRECTOR: after 4 Homicide 72 hours 290. CERTIFIER **CERTIFYING PHYSICIAN: To the** OSPITAL 2 MEDICAL EXAMINER: On 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

WHO COMPLETED CAUSE OF DEATH (ITEM 277 17400.

32 REGISTRAR'S SIGNATUR

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_	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
-			

		1 - STATE REGISTRAR	SIAIE UF I			ICATE				MENTAL F	TYGIEN REG. NO.	_		
	i	1. DECEDENT'S NAME (First, Middle, Last)	· · · · ·							2. DATE OF MONTH			YEAR	3. TIME OF OEATH
	8		rine V	rginia	Cl	ary				8-	17-1	994	YEAR	M
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1		IF UNDER	24 HRS. MIN.	7. DATE OF (Month, De			8. BIRTHP Country)	LACE (State or Foreign
- 1		216-14-3539	1 🗌 M 2 🔀 F	75	YRS.		2000	= 6.4	220	1-2	8-19	119	Ma	ryland_
		90. FACILITY NAME (If not institution, give st 1512 W. 36th				9b. CITY,	TOWN OR			nore		9c. COU	INTY OF DE	ATN
Ē		RESIDENCE OF DECEDENT	btreet					Da.	LCIII	1016				
DIRECTOR		10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OF	R LOCATIO							10d. INSIDE CITY
		Maryland						Ba.	ltim	nore				LIMITS?
\ ₹		10e. STREET AND NUMBER					10f. 2	ZIP CODE				10g. CIT		AT COUNTRY?
BY FUNERAL		1512 W. 36th S							212				USA	
I I		11. MARITAL STATUS 1 Never Married Married	FORCES? 1	T EVER IN U.S. ARI	MED O	13, W	yes, spec	NDENT O	F HISPAN n, Maxicar	IC ORIGIN? (S	Specify Yea in, etc.)	or No-	14. RACE - Black,	- American Indian, White, etc.
B		3 Widowed 4 Divorced	IF YES, GIVE V	MR OR DATES A		1	YES }	KIXNO	Specify.	:			Specify	white
0		15. DECEDENT'S EDUC (Specify only highest grade		18a. OEG	EDENT'S	USUAL OC	CUPATION	F		16b. KII	ND OF BU	SINESS/IN	DUSTRY	
		Elementary/Secondary (0-12)	College (1-4 or 5	ife.	Do NOT u	work done de se retired.)		of workin	g	i				
COMPLETED		7			Hom	emak	er							
		17. FATHER'S NAME (First, Middle, Last) William Sh	erman					18. MOTH		ME (First, Midd				
		19a, INFORMANT'S NAME (Type/Print)	CIMAII	1405	20000000		10:							
examiner must be notified		William H. Cla	rv							Number,				21211
		20s. METHOD OF DISPOSITION		20b. PLACE A	_		_			DATE			City or Tow	
E		1 Donation 5 Other (Specify)	oval Irom Stata	cemetery, crer	land	ther place)	tera	an (Cem.	8/22				Forest, MD
	Ì	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1	1	22. N	IAME AND	ADDRES	SS OF FAC	CILITY				. 020007.10
EX3		HACLES Q	Lenso	Caron	Wi	7	3631	Jee- l Fa	alls	s Roa	d Ba	lto	nome M	D 21211
Bedica		23. PART I. Enter the diseases, or o	omplications the	t ceused the de	eth. Do	not enter t	the mod	e of dyl	ng, such	as cardiac	or reap	ratory as	rrest,	Approximata
		shock, or heart fellure. I	Liet only one cet	se on each line.	,	-	7 0	~ 1		11.	0-	4.4.		Interval Between Onset and Death
er, me		disease or condition resulting in death)	. met	45+4-	tic	t	SKL	-4:	5/	CAT	KC1	NO	MA	1548ars
646	1		DUE TO	OR AS A CONSEC	UENCE O	9		n'	10	CIN	110	1 1		DUSAN
ON ON		Sequentially list conditions,	DUETO	(OR AS A CONSEQ	T /V	FI:	(1	1/	CIV	011	14		3 your
TA X		If any, leeding to immediate ceuse. Enter UNDERLYING		(02.1102 0	. ,.								
		CAUSE (Disease or injury thet initieted evente	DUE TO	(OR AS A CONSEQ	UENCE O	F):		_						
CERTIFICATION		resulting in deeth) LAST	1											
AL CERTIFICATION		PART ii. Other algnificant condition	a contributing to	death but not re	aulting	in the unc	derlying	cause g	lven in i	Part i. 24	a. WAS AN	AUTOPSY	24b. 1	WERE AUTOPSY FINDINGS
≥ ♡										1	PERFOR	-		AMAILABLE PRIOR TO COMPLETION OF CAUSE
										_ .	1E3 Z			OF DEATH?
PHYSICIAN: MED		DID TOBACCO USE	CONTRIBUT	E TO CAU	SE O	F DEA	TH Y	ES [] NO	э 🔲				
CIA		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					CE OF D	EATH (Che	ock only one)				
YSI		1 TYES 2 NO		ER/Outpatient 3	□ DOA	OTHER 4 - Nursi		5 ()	sidence	6 Other (S	pecify)			127
P G		27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, D		28b. TIM	IE OF	28c. INJUI WOR	RY AT K?		28d. DESCR	IBE HOW I	NJURY OC	CCURED	
B		2 Accident Investigation	20 DI ACE O	E IN H I PM	4	М	1 YE	S 2 [NO					
LETED BY PI		3 Suicide 8 Could not be determined	building,	F INJURY — At hor etc. (Specify)	ne, term,	atreet, /acto	ну, опіса			28f. LOCATIO	own, State)		or Aural Ro	ute Number,
T.		29a. CERTIFIER	NAN: To the heat of	- translate de										
1		(Check only one) 2 MEDICAL EXAMINE												and manner as stated
9		29b. SIGNATURE AND TITLE OF CERTIFIER			-				NSE NUM				TE SIGNED (
H		(XA)	own	2_	m	1)		D	3362			▶ (8/ j	7 194
₽		30. NAME AND ADDRESS OF PERSON WNO						-		-			- / /	
		Dr. John Downs		oseph'	s Ho	ospi	tal	0'1	Dea	Bldg	Su	iite	504	
		31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SONATURE										
		AUG2 3 1894 &	~ ~ ~ ~ ~ ~											

	1. DECEDENT'S NAME (First, M	Aiddle, Last)									OF DEATH		3.	TIME OF DEATH
	LURETTA	C	•		D.	AVIS				08	18	94	EAR 10	:25 AM
	4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.		OF BIRTH	8.	BIRTHPLA Country)	MCE (State or For
	217-48-8310		1 M 2 K F	89	YRS.	WONTHS	DATE	HOURS	MINE.		1-1905		MRYL	AND
~	9a. FACILITY NAME (If not insti							OR LOCATI		EATH	27	9c. COUNTY		
CTOR	NORTH ARUNDE		SPITAL AS	SSOCIAT	ION	GL	EN	BURN:	IE			Α.	A. C	OUNTY
<u>ا</u>		10b. COUNT	ry		10c. CI1	Y, TOWN C	OR LOCAT	TION					100	d. INSIDE CITY
DIRE	MARYLAND					G	LEN	BUR	NIE				1X	LIMITS?
IAL	10e. STREET AND NUMBER						101	r. ZIP COD	E			10g. CITIZEN	OF WHAT	T COUNTRY?
FUNERAL	7647 SPENCER	ROAI							2106	-	\$10	USA	١.	
B	11. MARITAL STATUS 1 Never Merried 2 M XX Widowed 4 Divorce			NT EVER IN U.S. 1 YES 2 WAR OR DATES			If yes, sp		m, Mexico	en, Puerlo I	17 (Specify Yes o Ricen, atc.)		Black, W Specify: SLACK	
ETED	15. DECEE (Specify only h	DENT'S EDU		16a.	DECEDENT'S	USUAL O	CCUPATIO	ON of working		16b	KIND OF BUSIN			
LET	Elementary/Secondary (0-1:		College (1-4 or 5	+)	(Give kind of life. Do NOT u	se retired.)	during mo	IST OF WORK	'U	-			,	
COMPL	7th GRADE				HOM	EMAK!	ER		oea			HOME		
-	17. FATHER'S NAME (First, Mide										Middle, Maiden Su	umame)		
BE	JESSE 190. INFORMANT'S NAME (Typ.		ATES		405 MARIAN	ADDRESS	P (0+					BESS		
2	A STATE OF THE STA	DAVIS									ber, City or Town,			21060
	20a. METHOD OF DISPOSITIO	N		20b. PLAC	/ 04 /			_	, GL	EN B	URNIE,	MARYI ATION — CIII		
	12 Buriel 2 ☐ Cremetion 4 ☐ Donetjon—5 ☐ Other (S		noval from State	cemetery.	U.M.C	other place)				1	-94 GLEN			
	21. SIGNATURE OF NUNERAL	GENVICE L	ICENSEE	FAILE	0.11110				SS OF FA	Q 23	77 GLLL	DOM	1111	TIMETE
	P 16/16	1/2	1acci	Mi	7	J	OSEP	н н.	BRC	WN J	R. FUNE			
	/23. PART L Shiter the dis-	Page or	LOCC Complications the	m caused the	death Do	J(OSEP	H H. W. B	BRC	WN J	ST. F	BALTIM	ORE.	MD.2
		art failure.	complications the	at caused the	death. Do	J(OSEP	H H. W. B	BRC	WN J	ST. F	BALTIM	ORE.	MD . 2
	MMEDIATE CAUSE (Final disease or condition	art failure.	complications the	at caused the use on each if	lne.	J(OSEP 913 the mo	W. B	BRC ALTI	MORE	ST., E	BALTIM Hory arread	ORE.	MD . 2
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OR ATTENDING PHYSICIAN. The law requires that the death certificate be	DIRECTOR After this certificate has been signed by the attending physicial from after death with the State Deck of Health and Mental Physiese prior
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In them 28 is marked, or from 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year) AUG 2 3 1994

	FOR 1 STATE	STATE OF M							MENTA	L HYGIENI	E			
	REGISTRAR		CE	RTIF	ICATI	E OF	DEAT	TH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)									E OF OEATH	Y	YEAR		TH
	SELVIN DAVIS	, JR.							08 16 94 11.			1150	Ам	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH		8. BIRTH	IPLACE (State or I	oreign
	214-64-0034	1 😡 M 2 🗆 F	40	YRS.	MONTHS	DAYS	HOURS	MIN.	01	nth, Day, Year)			INTHPLACE (State or Foreign fountry) ARYLAND OF DEATH TS et 10d. INSIDE CITY LIMITS? 1 YES 2XXNO OF WHAT COUNTRY? SA RACE — American Indian, Black, White, etc. Specify: Black RY YED 10d. INSIDE CITY LIMITS? 1 YES 2XXNO OF WHAT COUNTRY? SA RACE — American Indian, Black, White, etc. Specify: Black RY YED 10d. APPROXIMATE APPROXIMATE INTERVAL SA APPROXIMATE INTERVAL SA APPROXIMATE INTERVAL SA APPROXIMATE INTERVAL SA APPROXIMATE Onset and Death	
	9a. FACILITY NAME (If not institution, give si	reet and number)			9b. CITY	r. TOWN C	OR LOCATION	ON OF DE	ATH		9c. COU	NTY OF D		
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DIRECTOR	10a. STATE 10b. COUNTY	, .											Υ	
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	10e, STREET AND NUMBER			I			ZIP COO	E			10g, CIT	IZEN OF Y		
BY FUNERAL	30420 REvells No	ock Pond				"	210	371						
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3	11. MARITAL STATUS 1 X Never Married 2 Married		YES 2X N	MEO 10						IN? (Specify Yea Rican, etc.)	or No-	14. RACE Black	k, White, etc.	Hen,
≿	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 TYES	2 X NO	Specify	/ :			Speci	" Black	
	15. DECEDENT'S EDUC	1	1 10 00							b. KIND OF BUS			D 2 0 0 1 1	
1	(Specify only highest grade	completed)	(G	ive kind of	work done	during mo	JN ist of workli	ng	16	b. KIND OF BUS	SINESS/IN	DUSTRY		
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물	12th grade		MU	SIC	WR	ITER						PLOYED		
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname)													
BE														
0	19a. thFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
١٩١	NATALIE McDOWELL 3641 GREENMOUNT AVENUE, BALTIMORE, MD. 21218													
	20s. METHOD OF DISPOSITION 1 To Burlai 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place)													
	4 Donation 5 Other (Specify) WESTERN STAR CEMETERY CATONSVILLE, MARYLAND													
	21. BIGHATURE OF PINERAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	West has	1.11	and	_		306	39	41	Am	PARN	1 4	VK.	71853	mid
	23. PART Venter the diseases or complications that coused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate													
	shock, or heart failure. List only one cause on each line. Interval Between Onset and Death													
	I IMMEDIATE CAUSE (FINAL											201		
	reaulting in death)											-co 4,		
6_1	Automatine Defendant (AIDC)											V hs		
6	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (DISEASE											713.		
AT	if any, leading to immediate cause. Enter UNDERLYING	Huma	In	4	tof.	0.00	cu)	1.10.	.0 (H/W)	info	Ction	. 5	Yrs.
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E	resulting in daeth) LAST												1	
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PHYSICIAN:	1 YES 2 NO	1 Inpatient 2		_		T .		aeldence	Y .	her (Specify) P			irmary	
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, D		28b. TII	WE OF JURY	W	JURY AT DRK?	7	25d. D	ESCRIBE HOW I	NJURY O	CURED		
B	2 Accident Investigation						YES 2	NO						
	3 Suicide 6 Could not be 4 Hornicide determined	28e. PLACE O building,	F INJURY — At he etc. (Specify)	ome, farm,	street, fac	ctory, offic	in		261. LC	CATION (Street in ty or Town, State)	and Numb	er or Runal	Floute Number,	
E	29a, CERTIFIER									-				
MPLETED	(Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINE	ICIAN: To the best of ER: On the basic of a											a) and manner as	stated.
(C)		_		-	-								The second second second	

who completed cause of Death (ITEM 27) (Type, Print)
M.D., 30420 Revells Neck Road

29c. LICENSE NUMBER
D 20620

29d. DATE SIGNEO (Month, Day, Year)

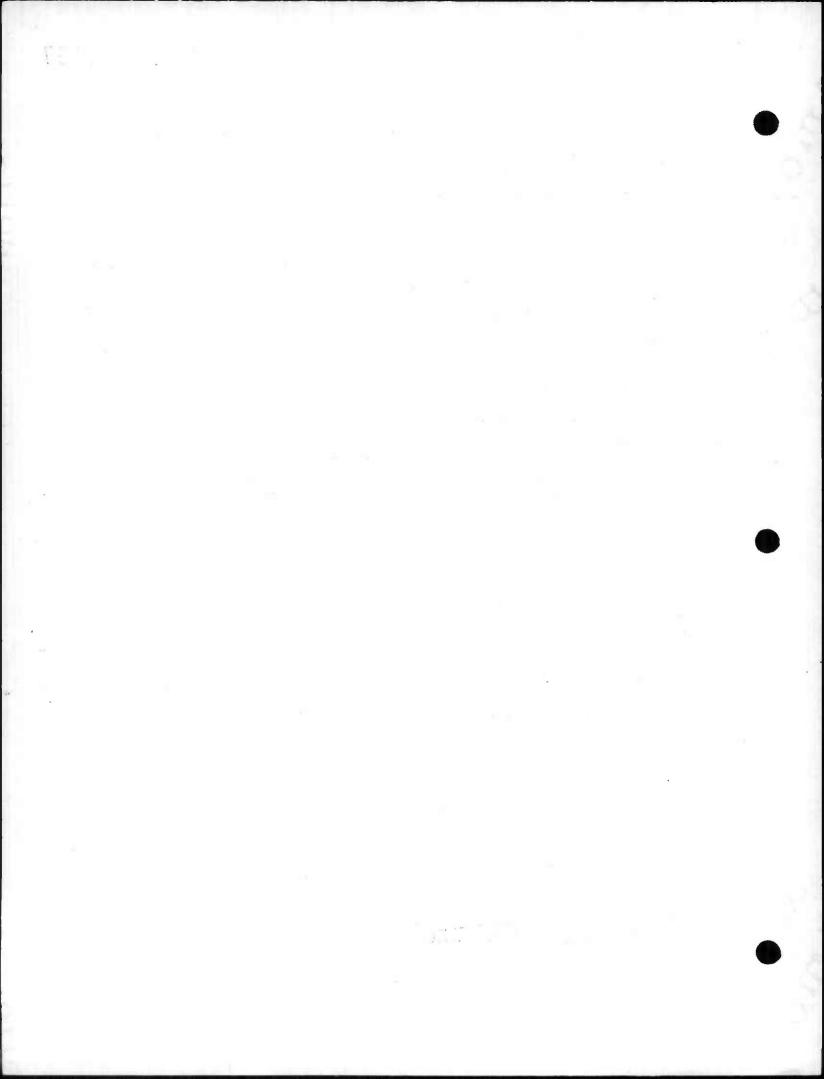
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	4 DECEMBER NAME OF THE ABOVE OF			LITTII IC	AIL	JI DEATH		HEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE MONT	OF DEATH	NY	YEAR 3. 1	TIME OF DEATH
	Lillian	B		DUNCA			Augu		2		:15 a
	4. SOCIAL SECURITY NUMBER	1 1	AGE (In yrs. le		F UNDER 1 YE			OF BIRTH h, Day, Year)		8. BIRTHPLAC Country)	CE (State or Foreig
	217-24-6695	1 M 2 F	66	YRS.	ONTHS DA	YS HOURS MIN.	7/	1000	8	m	D.
	9a. FACILITY NAME (If not institution, give	street and number)		9	b. CITY, TO	WN OR LOCATION OF	DEATN			TY OF DEATH	1
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E l	RESIDENCE OF DECEDENT			,,,,,,,					malti	Lmore	County
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A	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZ	EN OF WHAT	COUNTRY?
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E	15. DECEDENT'S ED		16a. Di	ECEDENT'S US	SUAL OCCUP	PATION	166	. KIND OF BUS	SINESS/INDI		
E	(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(0	Give kind of wor s. Do NOT use i	k done during	g most of working	1				
7		comede (Le Di 2+)	L	DALT	RA	7.7		Res-	TUR	ANT	-
COMPL	17. FATHER'S NAME (First, Middle, Last)				0						
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임	196. INFORMANT'S NAME (TyperPrint) 196. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 52 SEVENSKY COURT BAUTO. MD. 2122										
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	4 Donation 5 Other (Specify)		GRE	SN MO	unt	CREMOTE	114	43 150	UTIM	more, MD.	
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	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reappraisance. Approximate										
	shock, or heart fellure	List only one cause	on aach lin	a.	cine the	mode of dying, a	ICII es Cali	alec of reepi	ratory arre	ret,	Approximate Interval Bets
	IMMEDIATE CAUSE (Final										Onset and C
	disease or condition resulting in death) a. Sepsis Due TO (OR AS A CONSEQUENCE OF):										
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N	Sequentially list conditions, Due to (or as a consciouence of):										
CATION	if any, leading to immediate										
2	CAUSE (Disease or injury	c 5									
RTIFI	that initiated evente	OUE TO (OR	AS A CONSE	OUENCE OF):							
CER	resulting in death) LAST										
	PART II. Other algnificent condition	ns contributing to dea	th but not	regulting in	the under	Ving Cause given	in Part I	24a, WAS AN	AUTOREV	245 WFF	RE AUTOPSY FIND
CAL	renal faile		1101	ummy m	unudi		rent I.	PERFOR		AM	LABLE PRIOR TO
Ö	I that fall	~~						1 YES 2	NO		MPLETION DF CAU DEATN?
Σ	DID TODA COO 1105	00) (50)								1 🗆	YES 2 JAG
ż	DID TOBACCO USE	CONTRIBUTE T	O CAU	SE OF	DEATH	YES N	0 🗆				
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL:				6. PLACE OF DEATH	Check only or	10)			
Š	1 VES 2 NO	1 Compatient 2 ER	/Outpatient		THER:	Home 5 - Raeldeno	a 6 🗆 Othe	r (Specify)			
λΗζ	27. MANNER OF DEATH	26s. DATE OF INJI (Month, Day, Y	URY	28b. TIME	OF 28c	INJURY AT	-	SCRIBE NOW II	NJURY OCC	URED	
ΥP	1 Natural 5 Pending	(mointi, Day, 1	varj	INJUF	1	WORK?					
BY	2 Accident Investigation 3 Suicide 8 Could not be	26s. PLACE OF IN	JURY — At h	ome, farm, atre	et, factory,	office		ATION (Street a	and Number	or Rural Route	Number,
	4 Nomicide determined	building, atc.	(Specify)					or Town, State)			
	29e, CERTIFIER			y							
MPL	(Check only CERTIFYING PHYS	BICIAN: To the best of my									
Q.	2 MEDICAL EXAMIN	ER: On the basis of exemi	nation and/or	Investigation,	in my opinio	on, death occured et t	he time, date	and place, en	d dua to the	e cause(a) end	l menner ea state
7	29b. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LICENSE N	UMBER		29d. DATE	SIGNED (Mor	oth, Day, Year)
9	mari Re	llanto	u'	m.	0.	1046	057		•	8/701	194
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE O	E OFATH /ITE	M TO /Kma D	d-el					1/	/ -/
	Marie Bellanto 31. DATE FILEO (Month, Day, Year) AUG 2 3 1994	mi Pusco	Il mar	C41- B1	dc . 3'	rd Floor	5601	Loca D	L.VE.	Block	6 lb inn 21
	31. DATE FILEO (Month, Day, Year)	2 REGISTRAR'S	SIGNATURE	3000	,7,,	1,-0,1	3 - 01	-0.4 //	mrc h	טייה ט	A 110 A 110 P. C
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VG PHYSICIAN: The law requires that the death certificate be executed	signed by the attending physician and completel	nd Mental H
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 94 7. 20 am 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 58 213-32-8820 tXXM 2 ☐ F 09-22-MARYLAND 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR HOPKINS BAYVIEW MEDICAL CENTER BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 18c. CITY TOWN OR LOCATION 10d. INSIDE CITY MARYT AND BALTIMORE 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2000 O'DELL AVENUE 21224 APT. 1409 U.S.A. 12, WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yea, specify Cuban, Maxican, Puarto Rican, atc.) 1 YES 2 NO Specify Specify: В 3 Widowed 4 Divorcad WHITE COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Etamentary/Secondary (0-12) College (1-4 or 5+) SUPERINTENDANT 6 CONCRETE PRODUCTS 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) CARLTON PHELPS DUVALL Ħ CATHERINE GERTRUDE HARMON BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 5977 ELK FOREST COURT ALICE DUVALL (DAUGHTER) ELKRIDGE, MARYLAND 21227 pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata OATE must Burial 2 Cremation 3 Removal Donation 5 - Other (Specify) MEADOWRIDGE CEMETERY 08-22+94 DORSEY, MARYLAND examiner SIGNATURE OF MINERAL SERVICE LICENSEI 22. NAME AND ADDRESS OF FACILITY LEROY M & RUSSELL C WITZKE FUNERAL HOMES 1630 FOMONDSON AVENUE CATONSVILLE MARYLAND medical 23. PART I. Entar the diseases, or Entar the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or haart failure. Lies only one cause on each line. Approximata Intarval Between IMMEDIATE CAUSE (Final Onset and Daath the disease or condition resulting in death) other traumatic event, CERTIFICATION Sequantisity list conditions, DUE TO (OR AS A CONSPOUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TYES 2 NO DF DEATH? 1 TYES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL Item 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1. Inpatient 2 . ER/Outpatient 3 . DOA 5 🗆 Raaldenca 8 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 28 is marked, Natural 5 Pending Investigation 1 YES 2 NO 8 2 Accident 28a. PLACE OF INJURY — building, atc. (Specify) 3 Suicide At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be PLETED 4 Homicida Tem I 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledga, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, dasth occurred at the time, data and placa, and dua to the cause(a) and manner as atered. 29d. DATE SIGNED (Month, Day, Year) 296_SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

JOH

32, REDISTRAN'S SIGNATURE

(END)

BALTIMORE, MARYLAND 21215-0020

permit. Pages 1, 2, 3 should

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TO THE HOSPITAL OF FIREWORD PASCIAN: The law requires that the death certificate be executed within a wours after death. Page,6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit be filled within 72 hours are not been paged by the attending physician and completely filled in the funeral director, page 5 should be detached for use as the bunial-transit be filled within 72 hours are not seen paged by the funeral director page 5 should be detached for use as the bunial-transit. If them 22 should be at the funeral director page 5 should be at the bunial-transit in the medical examiner must be notified at once.

STATE OF MARYLAND / I	DEPARTMENT O	F HEALTH AND	MENTAL HYGIENE
CE	RTIFICATE (OF DEATH	REG NO

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	A DESCRIPTION NAME OF A MARKET OF THE PARTY	IME OF DEATH								
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 T F 78 4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 T F 78 4. SOCIAL SECURITY NUMBER 1 YEAR F UNDER 1 YEAR F UNDER 1 YEAR F UNDER 24 HMS. 7. DATE OF BIRTH (Month, Diay, Veer) 7 - 7 - 1916 98. FACILITY NAME (if not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH									
TOR	9a. FACILITY NAME (If not Institution, give street and number) Liberty Medical Center Baltimore Maryland									
DIRECTOR		INSIDE CITY LIMITS?] YES 2 NO								
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 102. CITIZEN OF WHAT 21216 USA	COUNTRY?								
B≼	3 ☐ Wildowed 4 ▼ Divorced IF YES, GIVE WAR OR DATES 1 ☐ YES 2 ▼ NO Specify: B	merican indian, ite, atc. lack								
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2	Vashti Smith 3132 Presstman Street Number of Rural Route Number, City or Yown, State, Zip Code)									
į	206. METHOD OF DISPOSITION 1) Burial 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify)									
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, above, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST Approximate interval Between Onset and Death DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO									
SICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one)									
BY PHYSIC	27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28c. INJURY AT WORK?									
ETED	3 Suicida 6 Could not be detarmined 26a. PLACE OF INJURY — At home, larm, atreet, factory, offica building, atc. (Specify) 26a. PLACE OF INJURY — At home, larm, atreet, factory, offica City or Town, State) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPL	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and	manner as stated.								
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER Show A Hashing MD 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. (None Paris) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (None Paris)	11. Day, Year) 22,94								
	SHER A HASHMI 2 600 CUBERTY HEIGHT AVE 212 31. DATE FILED (MORIT), DBY, YORT) 32. REGISTRAR'S SIGNATURE	215								
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Calton C. Dougland

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		FOR STATE REGISTRAR	ATE OF MARYLAND / DI CER	PARTMENT OF H			GIENE	
		1. DECEDENT'S NAME (First, Middle, Last)	7.	EMGE	,	2. DATE OF DOMONTH		3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 5. SE 217-16-3404 10	1 -	thday) IF UNDER 1 YEAR MONTHS DAYS	#F UNDER 24 HRS, HOURS MIN.	7. DATE OF BI (Month, Day,	RTH 8.	BIRTHPLACE (State or Foreign Country)
3 should	_	90. FACILITY NAME (If not institution, give street and	I number)	9b. CITY, TOWN C	OR LOCATION OF DE	ATH	9c. COUNTY	
1, 2, 3	DIRECTOR	RESIDENCE OF DECEDENT	HILLRD		KUILL	6	BAL	TIMORE
permit. Pages 1, 2,		md. BALT	imore "	PARKU				10d. INSIDE CITY LIMITS? 1 YES 2 NO
usit	FUNERAL	8708 SATYR	HILL RD	101	ZIP CODE	1	10g. CITIZEN	OF WHAT COUNTRY?
tending physician. as the burial-transit	B⊀	3 Widowed 4 Dhomed	AS DECEDENT EVER IN U.S. ARMED PRICES? 1 YES 2 NO YES, GIVE WAR OR DATES		ENDENT OF HISPAN ecity Cuben, Mexical 2 40 Specify	n, Puarto Rican,		RACE — American Indian, Black, White, etc. Specify,
spital or at led for use	IPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed in the comp	ed) (Give k life. Do	ENT'S USUAL OCCUPATION ind of work done during mo NOT use retired.)	st of working		OF BUSINESS/INDUS	
by the	E COMPL	17. FATHER'S NAME (First, Middle, Last) FRED La	EMGE		18. MOTHER'S NA	ME (First, Middle,	Maiden Surname)	CRAG
y be retained to age 5 should be notified	TO B	SHIRLEY EM		AILING ADDRESS (Street a				mD. 21234
e 6 may ector, pa must b		20a, METHOD OF DISPOSITION 1 9 Buriel 2 Cremetion 3 Removal fro 4 Donetion 8 Other (Specify)	m State 20b. PLACE AND cometery, cremate CARDEO	DATE OF DISPOSITION (Na bry or other place)	me of H CEME.	SIA	BAL71 m	or Town, Stata
e funeral		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Lastro h	EVA		Jenou	CHAPE D. BOUTC	n. mb. 21234
ted within. Liours after of completely filled in by the ial, cremation, or removal: event, the medical e		23. PART i. Enter the diseasea, or compli- ahock, or heart failure. List or IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CONSEODE					Approximata interval Between Onset and Death
th certificate be execuending physician and I Hygiene prior to bur or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST	DUE TO (OR AS A CONSEQUE	NCE OF):	- ity por	The second second		
the d the d Me	EDICAL	PART II. Other significant conditions cont	ributing to death but not result	iting in the underlying	g cause given in		WAS AN AUTOPSY PERFORMED? YES 2 1 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
has been Dept. of n 23 sho	AN: M	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL	TRIBUTE TO CAUSE					1 TES 2 NO
SICIAN: The certificate h the State I	PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 II	PITAL: opatient 2 - ER/Outpatient 3 - 1	OTHER:	ACE OF DEATH (Che		cify)	
NG PHYSIC fler this ce eath with ti marked,	ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	Ba. DATE OF INJURY (Month, Day, Year)	b. TIME OF 1 28c. INJURY WO	RK?	28d. DESCRIBI	E HOW INJURY OCCUR	€D
ATTENDI ECTOR: A s after d	TED E		8e. PLACE OF INJURY — At home, building, etc. (Specify)	term, atreet, factory, office		281, LOCATION City or Tow	(Street end Number or in, State)	Bural Route Number,
HOSPITAL OR	COMPL	onel	the best of my knowledge, death ne beste of exemination and/or inves					suse(e) end manner as stated.
TO THE H TO THE H De filos	18 O.	296. SIGNATURE AND TITLE OF CENTIFIED	ggid, Mr. D.		DO 69	73	P 8	IGNEO (Month, Day, Year)
		30. NAME AND ADDRESS OF PERSON WHO COM	rd Rd. 1.	Cerli Dille	,40	2123	+	
		31. DATAUG 2 3 1994 A	2. REGISTRAR'S SIGNATURE					

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760
TO THE HOW THE LOR ALL DIFFACE MANUAL DIFFACE AND AL 1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	nedia inan			· ·	CERTIFIC	AIE	JF DEA	I ri	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH												
	Marietta Enea 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthde)								negust 22 1994 1145			145A	
	4. SOCIAL SECURITY NUMBER					IF UNDER 1 YE		24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLA Country)	CE (State or Foreign	
	214-03-1784		1 M 2 XX	86	YRS.				09/09/1	207	Ма	culand	
_	9a. FACILITY NAME (If not in	,			9b. CITY, TOWN OR LOCATION OF DE			ATH J J J J J T	9c. COUN	TY OF DEAT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
DIRECTOR	Union M	Baltimore											
티	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 18c. CITY TOWN OR LOCATION 19d.												
=	MD				altimore						I. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER								1 TES 2 NO				
HA	4305 Fullerton Avenue					21206				10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED										U.S.A.		
교	1 Never Married 2 Married		12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES		NO	13. WAS DECENDER If yes, specify C		NDENT OF HISPANIC ORIGIN? (Specify Yes Ify Cuban, Maxican, Puarto Rican, etc.)		or No— 14. RACE — American Indian, Black, White, etc.			
B	3 ₩Idowed 4 Divorced		IF YES, GIVE WAR OR DATES			1 TES 2 NO Spec				Specify:			
	15. DEC	EDENT'S EDUC	ATION	160	DECEDENT'S II	SUAL OCCUR	PATION		16b. KIND OF BUS	1		Vhite	
ETED	(Specify only	empleted) (Give kind of v			USUAL OCCUPATION rork done during most of working e retired.)			TOD. KIND OF BUS	ME22/MD	JSIRT			
2	Elementary/Secondary (0-12)		College (1-4 or 5+)		-	eamstress			Clothing Fac			orv	
COMPL	17. FATHER'S NAME (First, M.	iddle Lest)			ocam	70100		HED'S MAI	ME (First, Middle, Maiden		1 a C	. O1 y	
- 1	John An							, , , , , , , , , , , , , , , , , , , ,					
BE	19a, INFORMANT'S NAME (7	I OOK BEAR INCO			Theresa A AODRESS (Street and Number or Rural Route Num				David To	Ondo:			
2	Mary E. D							Baltimor			and 21		
	264. METHOD OF DISPOSITI			001 011				<i>'</i> C •					
	11 Rurlet 2 Commeller 2 Removed from State												
	22. NAME AND ADDRESS OF FACILITY The Dippel Funeral Hor												
	7110 Belair Road Baltimore, MD 2120												
	23. PARY . Enter the di	seases, or c	omptications thet	caused the	deeth. Do no	enter the	mode of dy	ing, auch	aa cardiec or reepi	ratory arri	eat,	Approximate	
	23. PART . Enter the diseased or complications that caused the deeth. Do not enter the mode of dying, auch as cardiec or reepiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final												
	disease or condition										410.		
	reaulting in death)	, ,	DUE TO (OR AS A CON	SEQUENCE OF):	1			. /			1 4 22	
2			n	4101	ardie	11	7 Far	rho				5 das	
RTIFICATION	If any, leeding to immediate												
8	CAUSE (Disease or injury									YEAR			
E	thet initiated evanta OUE TO (OR AS A CONSEQUENCE OF):												
8	resulting in death) LAST												
S	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY												
EDICAL	PART II. Other agritteers conditions contributing to deeth but not resu					the under	ying ceuee i	given in i	Part I. 24a. WAS AN PERFOR		AWA	RE AUTOPSY FIND	
ă									t YES 2	□ NO		MPLETION OF CAU OEATH?	
Σ											1 (YES 2 NO	
ž	DID TOBACCO		ONTRIBUTE	TO CA	USE OF	DEATH	YES [] NO					
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:						28. PLACE OF DEATH (Check only one) OTHER:						
YSI	TES 2 NO t Inpetiant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)												
PHY	27. MANNER OF DEATH	28b. TIME INJUI						URED					
BY	t Natural 5 2 Accident	(Month, Day			0.00	YES 2	NO						
	building, etc. (Specify)			INJURY — At tc. (Specify)	At home, farm, street, factory, office				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
ETE	4 Homicide	determined											
-1 1	29a. CERTIFIER (Check only	IFYING PHYSIC	IAN: To the best of n	ny knowledge,	, death occurred	at the time,	data and place	, and dua	to the cause(a) and man	ner as state	d.		
S 11												d manner as state	
0	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the lime, data and place, and due to the cause(a) and manner as at 29b. Signature and Title of Certifier 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)												
COMP	29b. SIGNATURE AND TITLE	OF CERTIFIER	, _									nth Day Weet	
88	296. SIGNATURE AND TITLE	OF CERTIFIER	Hun	an			A.	2612	Valle Aid	1/1	111.1	nth, Day, Year)	
- 11		1)7	COMPLETED CAUSE	E OF DEATH	ITEM 27) (Type P	rint)	AT	243	1946 D19	· au	yut	22 119	
88	29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF	1)7					AT	243	1946 D19	Ray	yut	22 /19	
BE		PERSON WHO		216	NIUSI		Po	243	4946 D19	Pal Bal	yut to A	22,19	

9c COUNTY OF DEATH

BALTIMORE

USA

10g. CITIZEN OF WHAT COUNTRY?

3. TIME OF DEATN

PENNSYLVANIA

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, etc.

Specify: WHITE

1 YES 2 X NO

21215

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 - YES 2 NO

Approximate

Interval Batween

Onset and Death

7 A.

8. BIRTHPLACE (State or Foreign

REG NO.

AUGUST 19,

2. DATE OF DEATH

Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 ĕ page 5 should be detached director. funeral (death. the ours after filled in by P.O. BOX 68760.

FOR STATE REGISTRAR

BEATRICE

4. SOCIAL SECURITY NUMBER

31. DATE FILEO (Month, Day, War)

AUG2

3 1994

1. DECEOENT'S NAME (First, Middle, Last)

5 SEY

1 -

VIVISION OF V

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	PITAL

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 219-30-8223 DAYS 84 HOURS 1 - M 2 X F YRS. 9/5/1909 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATN 7 SLADE AVE., APT. 519 BALTIMORE RECTOR RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE BALTIMORE $\bar{\Box}$ permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 7 SLADE AVE., APT. 519 21208 use as the burial-transit 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-2 70 1 Never Married 2 XX erried If yee, specify Cuben, Mexicen, Puerto Ricen, etc.) IF YES, GIVE WAR OR DATES 1 TES X NO Specify ВҰ 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementery/Secondary (0-12) College (1-4 or 5+) TEACHER EDUCATION 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Malden Surname) JENNY
ABRAMS VICTOR POLAKOFF F BE notified 190. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 7 SLADE AVE., APT. 519 BALTO., MD BENJAMIN FREELAND 20a METHOD OF DISPOSITION be 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- City or Town, State must Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) BALTIMORE HEBREW 8/21/1994 REISTERSTOWN, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY SOL LEVINSON & BROS., INC. elins 6010 REISTERTOWN RD. BALTO., MD medical 23. PART t. Enter the diseases, or complications that caused the death. Do not snter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. 0 IMMEDIATE CAUSE (Final and completely fille burial, cremation, the disease or condition benna resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) 5 OUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, 0 by the attending physician and Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other OUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part t. 24a. WAS AN AUTOPSY MEDICAL shows any Signed b 1 | YES 2 0 been of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER?
1 YES NO 26. PLACE OF OEATN (Ch item certificate h HOSPITAL OTHER: 1 Inpetient 2 ER/Oulpetient 3 DOA 6 Other (Specify) 10 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? marked, 28d. OESCRIBE NOW INJURY OCCURED with w Natural М 1 YES 2 NO BY After death Investigation Accident 26e. PLACE OF INJURY — At home, lerm, street, factory, office building, etc. (Specify) 90 3 Suicide 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be DIRECTOR: hours after 4 Homicide 28 29a. CERTIFIER (Check aniv (Ch (Check only one) TO THE HOSPITAL TO THE FUNERAL E be filed within 72 h MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occursed at the time, date and place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIEF 29c. LICENSE NUMBER BE 2 WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Aushan 7411

HERESTHAR'S SIGNATU

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FREELAND

DHMH-16 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 . STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE C	F DEATH	RE	G. NO.		
	1. OECEDENT'S NAME (First, Middle, Last) PAUL C.	GERNHART				2. DATE OF DE MONTH AUGUS	DAY	YEAR 1994	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-05-4047	5. SEX 6. AGE	(In yrs. lesi birthday) Q YRS.	IF UNDER 1 YES		7. DATE OF BII (Month, Duy, DEC . 19	RTH Year)	8. BIRTH Countr	
	9a. FACILITY NAME (If not institution, give st	11	,	Oh CITY TOU	/N OR LOCATION OF DI				TO.,MD
DIRECTOR	5552 GAYLAND ROAD		Ti di	ARBU		EAIH	9c. CO	BALT	'IMORE
2	10e. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LO	CATION	_			10d, INSIDE CITY
PIR	MARYLAND	BALTIMORE			UTUS				LIMITS?
FUNERAL	100. STREET AND NUMBER 5552 GAYLAND ROAD				101. ZIP CODE 21227		10g. Ci		A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I		ti yes	DECENDENT OF HISPAI specify Cuban, Maxica rES 2 A NO Specif	in, Puerlo Ricen,	etc.)		— American Indien, c, White, atc.
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S	USUAL OCCUP	ATION	16b, KIND	OF BUSINESS/IN	DUSTRY	WIII I II
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+) YRS	(Give kind of white. Do NOT us	vork done during se retired.)	most of working		TO GAS		ርጥρτα
Ž	17. FATHER'S NAME (First, Middle, Last)	TRD	LIGIN	LLIK					CIKIC
BE CC	CHARLES GERNHART				18. MOTHER'S NA MINNII	E HOFFM			
2	19e. INFORMANT'S NAME (Type/Print)	00			et and Number or Rural				
	MRS. HELEN M. GRE				ON ROAD -				1212
	1X Burial 2 Cremetion 3 Remo	oval from State	b. PLACE AND DATE Of the control of	her place!			PIKESV	-	wn, Stata
	21. SIGNATURA DE PUNERAL SERVICE LIC	ENSER W			AND ADDRESS OF FA	AL HOME	INC.		
_	23. PART i. Enter the diseases, pr c	my I'm			WILKENS A				
	shock, or heert fellure. I IMMEDIATE CAUSE (Fins) disease or condition recutting in death)	. Acto	each line.	luce	- 1	elu.		rrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF);					
MEDICAL C	PART II. Other significant conditions		but-not resulting i	n the underly	ring ceuee given in		WAS AN AUTOPSY PERFORMED? YES 2 G NO	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	DID TOBACCO USE CONTR	RIBUTE TO CAUSE O	OF DEATH YE	S 🗆 NO	UNCERTAIL	N D			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT	OTHER:					
₹	27. MANNER OF DEATH	1 Inpatient 2 ER/Out 28a, DATE OF INJURY			lome 5 Residence		-		
BY PI	1 Anturel 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TiMi INJ	URY	WORK? YES 2 NO	28d. DESCRIBE	HOW INJURY O	CCURED	
	3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, a polly)	treet, factory, o	ffice	281. LOCATION City or Town	(Street and Number, State)	er or Rural R	loute Number,
COMPLETED		RAN: To the best of my known:) and manner as stated.
띪	296. SIGNATURE AND TITLE OF CERTIFIER	Henry	ne		BOS 4		29d. DA	TE SIGNED	(Month, Day, Year)
2	DR. JOHN C. HEAL	Y - 1311 FRA			ARBUTUS, 1	MD. 2	1227	/	
	AUG 2 3 1994	THE PROPERTY OF	ardall					-	

94 24664

ITEM: 7. PER F.H. FILM G-714 8/23/94 t.t.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MARY GOODMAN AUG 16 94 4:53 PM. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 1 -6-07 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) BANDSET AND WOV . 11, 1907 216-44-1793 86 MARYLAND 1 🗌 M 2 🔀 F YRS Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MERCY MEDICAL CENTER BALTIMORE CITY 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE permit. 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? iours after death. Page 6 may be retained by the hospital or attending physician. d in by the funeral director, page 5 should be detached for use as the burial-transit 11 SLADE AVE, APT. 504 21208 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-BALTIMORE, MARYLAND 21215-0020 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 24 NO Specify: IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced WHITE 9 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EOUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ᆸ Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 HOUSEWIFE AT HOME Once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ MORRIS ANSELL CELIA HOROWITZ BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 11 SLADE AVE, APT. 504 BALTIMORE, MD 21208 DR. JULIUS H. GOODMAN pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must 1 M Buriel 2 Cremation 4 Donation 5 Other (Specify) HAR SINAI 8-18-94 OWINGS MILLS, MD 21. SIGNATURE OF PUNETIAL SERVICE the medical examiner 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS, INC. 6010 REISTERSTOWN RD BALTIMORE, MD 21215 physician and completely filled in by the or removal. 23. FART I. Entar the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only ona cause on each line. intarval Batween IMMEDIATE CAUSE (Final Onsat and Death cremation, disease or condition In Head resulting in death) event, APPLIED PRINCIPAL The law requires that the death certificate be executed within SION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): prior to burial, traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING other ! CAUSE (Disease or Injury the attending phy Mental Hygiene OUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 50 Injury, signed by the a Health and Men PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any ymphoma COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 NOTES 2 NO has been a DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate h HOSPITAL:

X Inpatiant 2 ER/Outpatient 3 DOA 1 X YES 2 - NO 4 ☐ Nursing Home 5 ☐ Reeldenca 6 ☐ Other (Specify) a a 28a. DATE OF INJURY (Mogth, Day, Ybar) B-15-94 27. MANNER OF OEATH 28b. TIME OF 16 SO M 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO this c marked, 1 Natural 5 Pending Subject Assulved 1 YES 2 NO ВY Affect death 2 Accident Investigation 28e. PLACE OF INJURY -3 Suicide At home, ferm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, 98 COMPLETED 82 4 Homicide Area determined Parking 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner ee stated. 2 XMEDICAL EXAMINER: On the basis of exam nigation end/or investigation, in my opinion, death occured at the time, data and place, end due to the cause(a) and manner es stated TO THE TO THE Die filed in 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE ▶ AUG 17,1994 O.C.M.E. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DAVIN POWL 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILE AND 6 2 3 1994

NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.Q. BOX 68760,

BEPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9a. FAC 9a. FAC 10a. STI 10a. STI 11. MAR 1	Md. TREET AND NUMBER 4101 RITAL STATUS Never Married 2 1 Nidowed 4 Divon 15. OECE	Piney Aarried ced DENT'S EDUC highest grade (12)	ltimore Grove Ro 12. WAS OCCEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. YES 2	YRS.	y, town c	ykes or Locat ndon		MIN. DN OF DE	MONTH August 21 7. DATE OF BHRTH (Month, Day, You) Oct. 10,1	901. 9c. county	BIRTHPLACE (State or Foreign Country) Maryland	
10a. ST/ 10a. ST/ 10a. ST/ 10a. ST/ 11. MAR 1	Sykesvill Dence of Decitate Md. IRRET AND NUMBER 4101 RITAL STATUS Never Married 2 1 1 Widowed 4 10 Divon 15. Oece (Specify only) mentary/Secondary (0-1/0) HER'S NAME (First, Mic. Max Cha FORMANT'S NAME (Ty) 12. The state of the state	Piney Aarried bed DENT'S EDUChighest grade (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	ltimore Grove Ro 12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. YES 2	ARMEO	y, town c	ykes ndon	TION .	e		9c. COUNTY	OF DEATH POLL TOLL 10d. INSIDE CITY	
10a. ST/ 10a. ST/ 10a. ST/ 10a. ST/ 11. MAR 1	DENCE OF DECITATE Md. IREET AND NUMBER 4101 RITAL STATUS Never Merried 2 1 1 Nidowed 4 1 Divon (Specify only mentary/Secondary (0- // // HER'S NAME (First, Mic. Max. Cha FORMANT'S NAME (Ty) 12.71e8 H.	Piney Aarried ced DENT'S EDUCHIGNESS grade (cle, Last) (crles)	Itimore Grove Ro 12. WAS OECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. YES 2	ARMEO	TY, TOWN C	ndon	TION			Car	10d. INSIDE CITY	
10a. ST/ 10a. ST/ 10a. ST/ 11. MAR 1	TREET AND NUMBER 4101 RITAL STATUS Never Married 2 0 1 Widowed 4 0 0 1 Specify only mentary/Secondary (0-1/0) HER'S NAME (First, Mic. MAX Cha FORMANT'S NAME (7) 1271es H.	Piney Aarried cod DENT'S EDUChighest grade (c) (c) (c) (c) (c) (c) (c) (c)	Grove Ro 12. WAS DECEDEN FORCES? 1 IF YES, GIVE W CATION completed)	T EVER IN U.S. YES 2	ARMEO	Gl.y:	ndon	. ZIP CODE				10d. INSIDE CITY LIMITS?	
10e. STI 11. MAR 1	Md. TREET AND NUMBER 4101 RITAL STATUS Never Merried 2 1 Midowed 4 Divon 15. OECE (Specify only mentary/Secondary (0- //O HER'S NAME (First, Mic Max Cha FORMANT'S NAME (7) 12. The state of the state of	Piney Aarried bed DENT'S EDUC highest grade [2]	Grove Ro 12. WAS DECEDEN FORCES? 1 IF YES, GIVE W CATION completed)	T EVER IN U.S. YES 2	ARMEO	Gl.y:	ndon	. ZIP CODE				10d. INSIDE CITY LIMITS?	
11. MAR 1	HER'S NAME (First, Mic Max Cha FORMANT'S NAME (Ty) 127 Les H.	Aarried DENT'S EDUC highest grade 12) Idle, Last)	12. WAS OECEDEN FORCES? 1 IF YES, GIVE W CATION completed)	T EVER IN U.S. YES 2	ARMEO	13.				_	1 TYES 2 NO		
1 Ne 3 W W Elem 17. FATH 19a. INF Ch. 20a. ME 1 Ch. 21. SIGN 23. PA	Never Merried 2 1 Nidowed 4 Divor 15. OECE (Specify only mentary/Secondary (0- / O HER'S NAME (First, Mic MAX Cha FORMANT'S NAME (Ty) 12. PLANT 12. PLANT 13. PLANT 14. PLANT 15. PLANT	DENT'S EDUC highest grade 12)	FORCES? 1 IF YES, GIVE W CATION Completed)	YES 2	ARMEO	13.			1		10g. CITIZEN U.S	of what country?	
17. FATH 19a. INF Ch. 20a. ME 1 % au 4 □ 00 21. SIGN	(Specify only mentary/Secondary (0-/0) HER'S NAME (First, Mic Max Cha Max Cha FORMANT'S NAME (Ty) 1271es H.	highest grade 2) die, Last) rles	completed)	16a.	2 NO If yes, specify Cubs			ecify Cuba	T OF HISPANIC ORIGIN? (Specify Yes or No Iban, Maxican, Puerto Rican, etc.) IO Specify:			9- 14. RACE — American Indian, Black, White, etc. Specify: White	
19a. INF Ch. 20a. ME 1 XBu 4 Do 21. SIGN	Max Cha FORMANT'S NAME (7/1) narles H.	rles		+)	DECEDENT'S (Give kind of life. Do NOT u. Buy	work done (se retired.)	CCUPATIO	ON st of workin	g	16b. KINO OF BUS		RY	
Ch. 20a. ME 1 1 XBu 4 1 Do 21. SIGN	arles H.		Smihh	-71		18. MOTHER'S NAME (First, Middle, Maiden Surname) Mabel Cook Hartman							
1 XBu 4 Do 21. SIGA 23. PA	ETHOR OF CHOROCOTTA		n		P.O.	Box	3602	nd Number	or Runi F	n, Md. 210	n, State, Zip Coo	jo)	
23. PA	urial 2 Cremation onation 5 Other	3 🗆 Remo	oval from State	20b. PLA	CEAND DATE crequatory or o	of olspos	mete	ry A	ug.	24,1994 Ba	cation — city ltimor	or Town, Stata	
	NATURE OF FUNERAL	SERVICE LIC	La Al	2			Eckh		Fun	eral Chape		2111'	
if any, cause. CAUSE that in	IMMEDIATE CAUSE (Final disease or condition resulting in death) Acute Provided Prov												
	that supplied events												
25 WAS	S CASE REFERRED TO	MEDICAL					00 00	105.05.05	PATH AND				
EXA	AMINER? YES 2 NO		HOSPITAL:	EDIO A - N - N		OTHER	3			ck only one)			
27. MAN	NNER OF DEATH	ending	28a. DATE OF (Month, D	INJURY	28b. TIM		28c. INJ WC			6 Other (Specify) 28d, OESCRIBE HOW II	NJURY OCCURE	EO	
3 🗆	Suicide 8 C	ould not be	28a. PLACE O building,	F INJURY At etc. (Specify)	t home, farm,	street, fact			, NO	281. LOCATION (Street a City or Town, State)	and Number or R	Burel Route Number,	
	-1									to the cause(a) and men		nuse(a) and manner as stated	
6	ME AND ADDRESS OF	15	Ceru	SE OF DEATH	ITEM 27) (Tone	. Print)		PI	9/	7/	18.	GNEO (Month, Day, Year) 22-94	
31. DATE		THE STATE OF THE S		R'S SIGNATUR		862	0	1:	6-1	ty Plaz	. 11.	11 Kondallson	



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INDS PHYSICIAN. The law requires that the death certificate be executed with: Jours after death. Page 6 may be retained by the hospital or attending physician.

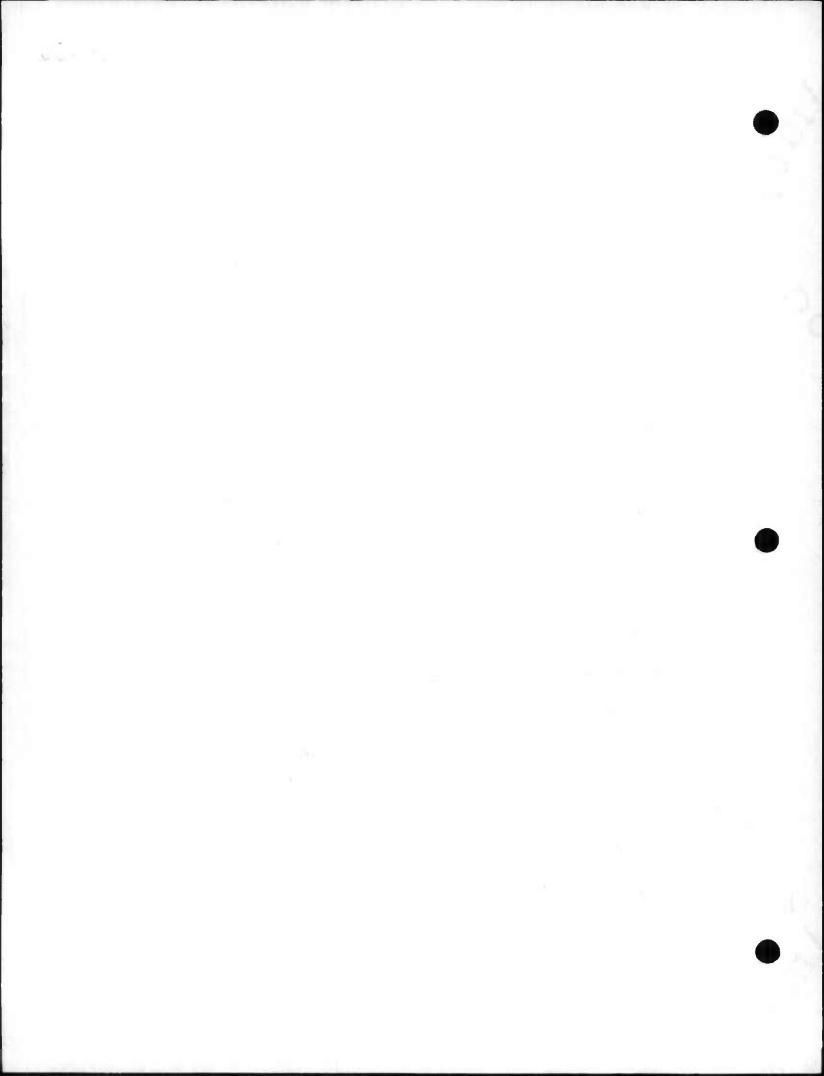
The third certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

The medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITU TO THE FUNERAL ON FIRST WITHIN TO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 - FOR STATE OF MAI	YLAND / DEPARTM CERTIFIC			ENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	Shane Robert Hu	ghes			Aug. 20		1900 M
			UNDER 1 YEAR		DATE OF BIRTH		HPLACE (State or Foreign
	218-76-6191 1 M 2 F	21 YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year) July 1,1	1973 M	Aryland
DIRECTOR	909 N. Woodward Drive	96		SEX	Н	9c. COUNTY OF Balt	imore
ទួ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c CITY TO	OWN OR LOCAT	044			10d. INSIDE CITY
<u> </u>	Md. Baltimore	100. 0111, 10	Esse				LIMITS?
	10e. STREET AND NUMBER			ZIP CODE			1 YES 27 NO
FUNERAL	909 N.Woodward Drive		101.	212	21		SA
<u> </u>	11. MARITAL STATUS 12. WAS DECEDENT EV	ED IN II S ADMED	12 WHO DEC		ORIGIN? (Specify Yea		
	1 Never Married 2 Married FORCES? 1 IF YES, GIVE WAR	YES 2 V NO	If yea, spe	cify Cuban, Maxican,		Blac	CE — American Indian, ck, White, etc.
à∣	3 Widowed 4 Divorced	A DATES	1 HES	NO Specify:		Spe	White
요	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU			16b. KIND OF BUS	SINESS/INDUSTRY	WIIIOC
Ħ.	Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mos tired.)	t of working			
P P	8th	unemp:	loyed				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAME	(First, Middle, Maiden	Surname)	
BE (Howard Hughes			Sand	ra Seit:	Z	
2	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street or	nd Number or Rural Rou	ite Number, City or Town	n, State, Zip Code)	
-	Elmada Seitz	909 1	V.Wood	lward Dr	ive Bal	timore	Md. 21221
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State	20b. PLACE AND DATE OF D cemetery, crematory or other		ne of	DATE 20c. LO	CATION — City or 1	lown, Stata
	4 Donation 5 Other (Specify)	Gardens of	Fait	h 8/2	4/94 Ros	ssville	Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	0/	22. NAME AN	AODRESS OF FACIL	eral Ho	mo of E	CCCOX
J.	P / INA	///			. Baltin		
	23. PART I. Enter the diseases, or complications that ca	used the deeth. Po not	enter the mod	le of dying, such	a cardiac or reapi	ratory arrest.	Approximete
	ahock, or heart failure. List dniy one cause immediate CAUSE (Fine)	on each lina.	. 6				intarval Batween Onset and Death
	disease or condition	uffected so	Mocal	ion + K	an ian a		Offiset and Death
1	resulting in death) a	AS A CONSEQUENCE OF):	110		10		
z	Lawrence and the second						
임	If any, leading to immediate	AS A CONSEQUENCE OF):					
<u>ა</u>	CAUSE (Disease or injury	~~					
	that initiated eventa DUE TO (OR resulting in death) LAST	AS A CONSEQUENCE OF):					
CERTIFICATION	d,						
AL 0	PART II. Other algorificent conditions contributing to des	th but not resulting in t	he underlying	cause given in Pa			b. WERE AUTOPSY FINDINGS
<u>Ş</u>	Multiple substance	abuse			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					_ 10,120 1		OF DEATH? 1 YES 2 NO
-	DID TOBACCO USE CONTRIBUTE 1	O CAUSE OF I	DEATH Y	ES NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PL	ACE OF DEATH (Check	only one)		
Si	1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER		THER: Nursing Home	5 Residence 6	Other (Specify)		
ᇎ	27. MANNER OF DEATH 28a. DATE OF INJ (Month, Day, Y		F 28c. INJU	IRY AT 2	ad. DESCRIBE HOW II	NUMBER OCCURED	1
BY	1 Natural 5 Pending 2 Accident Investigation	94 1900	M 1 🗆 Y		Solf-w	yheli4	Hanging
	Suicide 8 Could not be 28a. PLACE OF IN building, etc.	IURY — At home, ferm, stree (Specify)	t, factory, office	2	8f. LOCATION (Street a	nd Number or Rural	Ploute Number,
	4 Homicide determined	Home	!	9	OT N. W	oodward	Drive
٦	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my	cnowledge, death occurred s	t the time, date	end place, end due to	the bears (s) and men	ner Ateted. 2	1221
COMPLETED	one) 2 MEDICAL EXAMINER: On the besis of exemi	nation and/or investigation, in	n my opinion, de	eth occured at the tin	ne, data and place, en	d due to the ceuse	(a) and manner ee stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	. 1		and LICENSE NUMBER	ER	29d. DATE SIGNE	D (Month, Day, Year)
0	J. Crotton Obnovo			10763	32_	18-	22-94
ř	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O	F DEATH (ITEM 27) (Type, Rai	2		7 m		
	J.CAOSSAN O'DENOVAN,	2112	DUNDA	LK AVE	2. Ru	-LTO MD	21222
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S AUG 2 3 1994 Fully discusses	SIGNATURE					
	AUG 2 3 1994 July d'auction	restall.					



REG. NO

FOR STATE REGISTRAR

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	SPITAL,	14020

CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH Goldie May Haas HAAS GOLDIE 04:07 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. OATE OF BIRTH 6. BIRTHPLACE (State or Foreign DAYS HOURE 1 M 2 X F 216-16-3188 86 27,1908 Mar MAryland retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Bayview Hospital Baltimore 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore Essex 1 TYES 2 NO FUNERAL 104 STREET AND NUMBER 10t, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 350 Nicholson Road 21221 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 14. RACE — American Indien, Bleck, White, etc. 1 Never Merried 2 Merried ВУ Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e DECEDENT'S LISUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5+) 6th Homemaker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) John Jordon notified at BE 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zio Code) 0 page 5 s George Haas Jr. 350 Nicholson Road Baltimore MD. 21221 burs after death. Page 6 may be be 20e. METHOO OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must 1 of Buriel 2 □ Cremation 3 □ Removal from State
4 □ Donetion 5 □ Other (Specify) director, Lawn Cemetery 8/23/94 Baltimore Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of Essex 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiratory erreat, shock, or heart failure. List brily one cause on each line. the 21221 removal medical Approximata Interval Batwean ŏ IMMEDIATE CAUSE (Final Onsat and Death the cremation. disease or condition BILATERAL NEUMUNIA resulting in death) other traumatic event, DUE TO (OR AS A CONSEQUENCE OF and com o burial, CERTIFICATION Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): attending physiclan a ntal Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING ath certificate be CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated avents resulting in death) LAST 10 the atten PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL Health and 23 shows any 1 TES 2 NO DF DEATH? 1 YES 2 NO 8 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) or item HOSPITAL:
1 Annealient 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 26d. DESCRIBE HOW INJURY OCCURED marked, S E 1 Natural 5 Pending Investigation ВУ 1 YES 2 NO death death 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 3 Suicide .10 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be hours after 22 4 Homicide TO THE HOSPITAL, OR AT TO THE RUNERAL DIRECT De fied within 72 hours i IMPORTANT: If Item 2 29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(s) end menner ee stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 21/94 94010 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MD JOHNS HOPKING BAYVIEW MEDICAL CENTER

Julia Daudian Parcall

31. DATE FILED (Month, Day, Year) AUG 2 3 1994

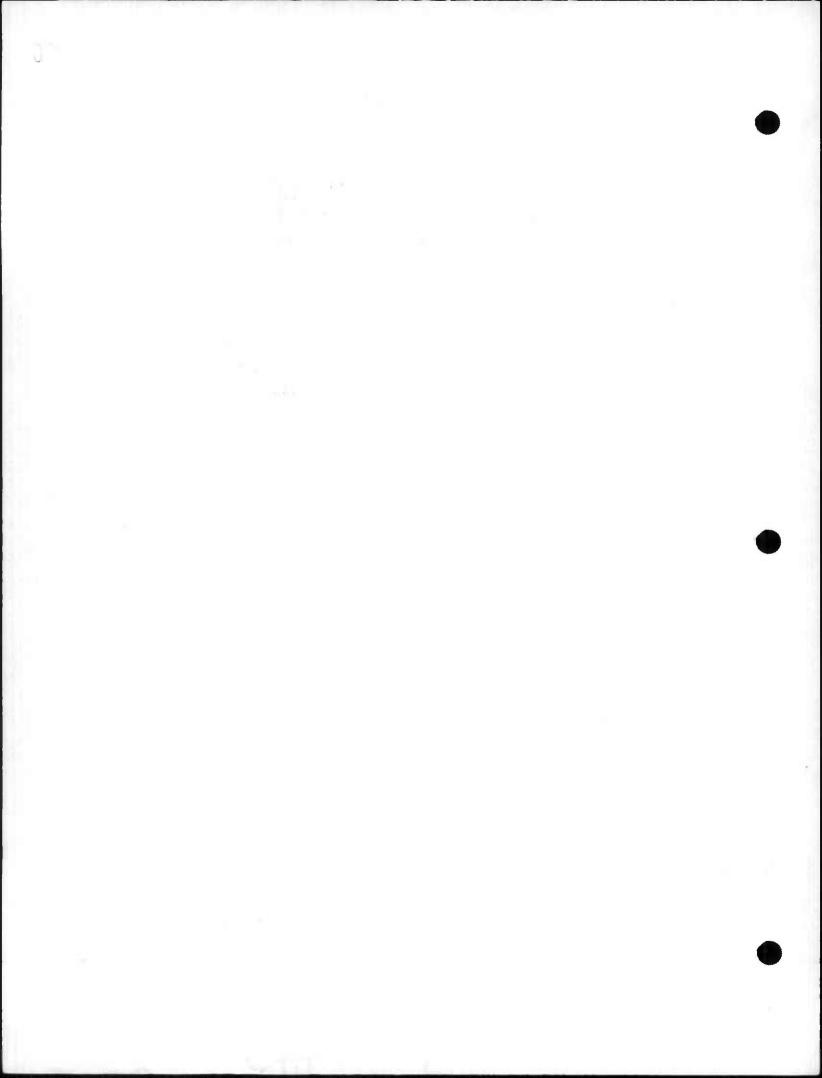
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

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signed by the attendir lealth and Mental Hyg
s certificate has been to the State Dept. of H
THECTOR: After this after death will

)	4	24000
	1 - STATE REGISTRAR		MARYLAND /		RTMENT ICATE				MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Richard	Duvall		pki	ns				2. DATE O MONTH Aug	. DA	1994	EAR	3. TIME OF DEATH M
	4. SOCIAL SECURITY NUMBER 212-38-0804	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE O (Month, Jul	-5,19	0.07 Ma	Country	land
1	Se. FACILITY NAME (If not institution,	give street and number)			9b. CITY, 1	TOWN O	R LOCATIO	ON OF DE		-	9c. COUNTY	OF DE	АТН
TOR	Anne Arundel		Center		Anna	apo	lis				Anne	Ar	undel
DIRECTOR	10a. STATE 10b. CC	ine Arunde	el		thia		ION						10d. INSIDE CITY LIMITS? 1 YES 2 XNO
FUNERAL	10e. STREET AND NUMBER						ZIP CODE						HAT COUNTRY?
N.	5911 So. Mary						071				US	SA	
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 24 N	MED IO	11	yes, spe	ENDENT O	n, Mexica	in, Puerto Ri	' (Specify Yee ican, atc.)	or No— 14.	Black, Specify	- American Indian, White, etc. White
	15. DECEDENT'S (Specify only highest	B EDUCATION grade completed)			USUAL OCC			7	16b.	KIND OF BUS	SINESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5) life.	rme	se retired.)	ing mo	SI OF WORKIN			Farm	ning		
	17. FATHER'S NAME (First, Middle, Las						18. MOTH		111 -1	iddle, Maiden			
BE	Robert D. Hop										litche		
2	Robert D. Hop		191	A A A	7 Old	Street e	nd Number	or Rural I	∩Dik	or, City or Town	n, State, Zip Co	de) √i⊃ 1^	20772 1bobo,MD
	20e. METHOD OF DISPOSITION		20b. PLACE		_			0010	DATE	_	CATION - CITY		
	1 Burlel 2 Cremetion 3 C 4 Donation 5 Other (Specify)	Removal from State	cemetery, cre	matory_or o				2737			hian,		
	21. SIGNATURE OF FUHERAL SERVI	CE LICENSEE	1	car	22. N	AME AN	D ADDRES	SS OF FA					
	> Thomas	1 Days	Sta	-							e, P. apoli		MD 21401
ATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Due to	caused the deseron the deseron the deseron to the deseron the dese	DUENCE O	not entar to	ha mod	de of dyl	ng, auc	h aa cardi	ac or respi	ratory arrest		Approximate Intervel Between Onset and Death Seyvral
CERTIFICATION	CAUSE (Disease or injury that initiated events reaulting in death) LAST	d.	(OR AS A CONSEC	DUENCE O	IF):								
PHYSICIAN: MEDICAL	PART II. Other significant cond	ditions contributing to	daath but not r	esulting	in the und	lerlying	cause g	iven in		24a. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
≥	DID TOBACCO US	E CONTRIBUTE	TO CALL	SE OF	DEATH	4 V	ES 🗀	NO					1 TYES 2 NO
Ä	25. WAS CASE REFERRED TO MEDIC	AL	TO CAU	JE 01	DEATI				eck only one)			
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER: 4 - Nursin		5 th	sidence	8 Other	(Specify)			
표	27. MANNER OF DEATH	28e. DATE OF (Month, D	INJURY ay, Year)	28b. TIN	IE OF 2	8c. INJI	URY AT		28d. DE\$0	CRIBE HOW II	NJURY OCCUR	ED	
BY	t Natural 5 Pending 2 Accident Investige	ition			М	t 🗌 Y	res 2	ON [/	NO	ing	w	n
	3 Suicide 8 Could not determine	n be building.	F INJURY — At ho etc. (Specify)	me, farm,	street, lector	y, office			28f. LOCA City of	TION (Street e r Town, State)	and Number or	Rurei Ro	Super Number,
COMPLET		PHYSICIAN: To the best of AMINER: On the beele of e										euse(e)	end menner ee stated.
TO BE C	290. SPRINATURE AND TITLE OF CER	MIM	9				29c. LICE	NSE NUM	25.	12	29d. DATE S	IGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSO	IM.1	45	73/	2 Su/	on	nm	SI	5/42	d Ro	ad	10	Thian
	AUG 2 3 1994	July Division	R'S SIGNATURE									17	raryland



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

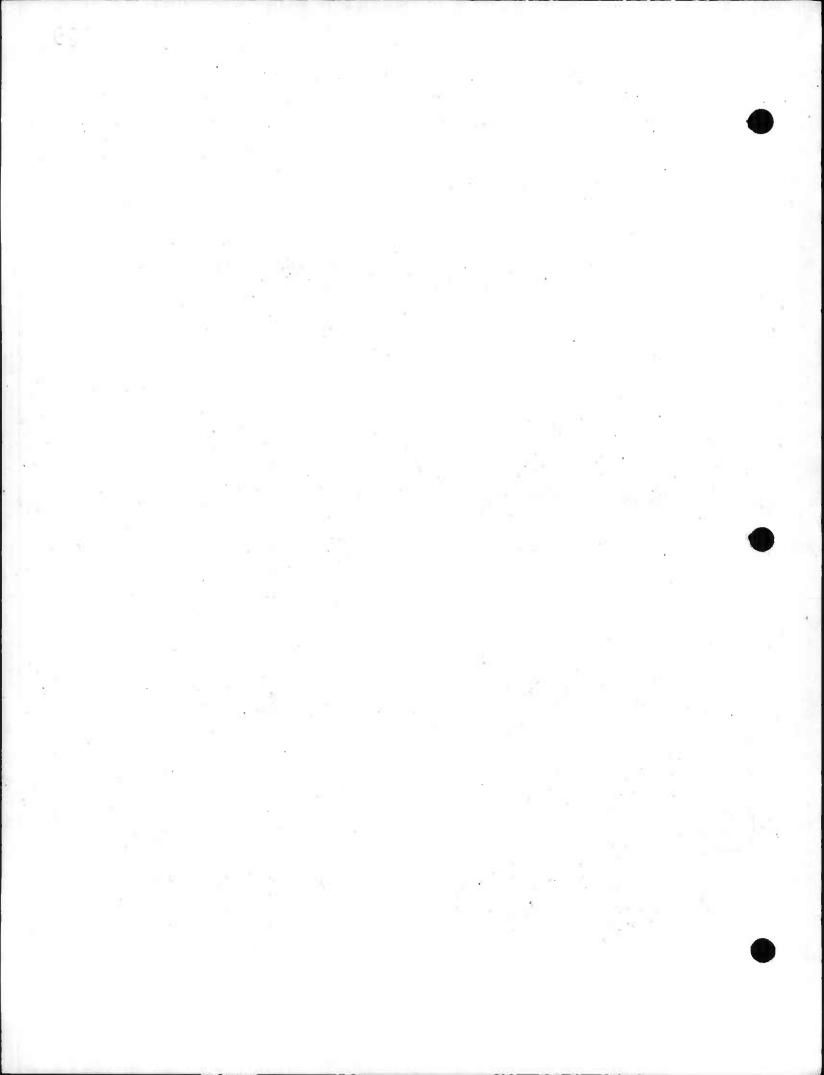
THENDING PHYSICIAN: The law requires that the death certificate be executed with course after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should am death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

It marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL
TO THE FUNE ??
TO SHED WITH ??

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

ETHELDREDA L. HOGAN 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) 1 M 2 F 71 YRS. 9a. FACILITY NAME (if not institution, give street and number) 2 2 E. Northern Parkway Baltimore	2. DATE OF OEATH		
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthdey) 1 M 2 F 7 1 YRS. 9a. FACILITY NAME (If not institution, give street and number) 5. SEX 6. AGE (In yrs. last birthdey) 7 1 YRS. 9b. CITY, TOWN OR LOCATION OF DEA	MONTH DA	Y YEAR	3. TIME OF DEATH
2 1 7 1 8 3 0 9 2 1 M 2 F 7 1 YRS. MONTHS DAYS HOURS MIN. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEA	8-10-94		8:25P M
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEA	7. DATE OF BIRTH	8. BIRTH	HPLACE (State or Foreign
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEA	(Month, Day, Year)	Counti	
	3-3-23	9c, COUNTY OF D	yland
O 22 E. Northern Parkway Baltimore	SIR	SC. COUNTY OF D	PEAIN
RESIDENCE OF DECEDENT		na	
U 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION			10d. INSIDE CITY
Maryland na Baltimore			LIMITS?
			1 YES 2 NO
Toe. STREET AND NUMBER 101. ZIP CODE		10g. CITIZEN OF V	WHAT COUNTRY?
Toe. STREET AND NUMBER 225 E. Northern Parkway 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2- INO 13. WAS DECENDENT OF HISPANIC II yes, specify Cuban, Maxican,	- N	USA	
11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC 15. Naver Married 17. Naver Married 18. Naver Married 19. Naver Married 19. Naver Married 10. Naver Married 11. WAS DECENDENT OF HISPANIC 12. WAS DECENDENT OF HISPANIC 13. WAS DECENDENT OF HISPANIC 14. WAS DECENDENT OF HISPANIC 15. Naver Married 16. Naver Married 17. Naver Married 18. Naver Married 19. Naver	C ORIGIN? (Specify Yes	or No- 14. RACE	E — American Indian, k, White, atc.
Il yes, specify Cuban, Maxican, 1 YES 2 NO II yes, specify Cuban, Maxican, 1 YES 2 NO Specify:		Speci	who:
			White
18. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KIND OF BUS	INESS/INDUSTRY	
Elementary/Secondary (0-12) College (1-4 or 5+)			
12+ 4 Secretary	"Oriole	es" Sp	orts
18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1 2 + 4 17. FATHER'S NAME (First, Middle, Last) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Secretary 18. MECCEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Secretary 18. MOTHER'S NAME	E (First, Middle, Maiden		
Joseph Vincent Hogan Margare	et Louis	e Ouiel	ev
10a INECIDMANT'S MAME (Xeno(Delet)			
Ms Rosemary Wilkinson 1 DunscombeCt, Phoen	*		
1 Burial 2 Cremation 3 Removal from State cemetery, crematory or other place)	DATE 20c. LO	CATION — Cify or To	own, Stata
4 Constitute Thomas (Specify)			
21. SIGNATURE OF FUERAL SERVICE UCENSEE Ronald Wade, Dir 22. NAME AND ADDRESS OF FACIL	State	Anatomy	
655W.Baltis	dmore St	,Balto,	MD21201
2) PART I. Enter the diseases, or complications that caused the death, Do not enter the mode of dying, such			Approximete
snock, or heart fellure. Liet only one cause on each line.			interval Between
IMMEDIATE CAUSE (Fine) disease or condition		1	Onset and Death
	// / 1	1	1 . 4 11
resulting in death) e. METHS ATT CARCINOMIT OF AMPU	MA QL V	ATER	18 months
disease or condition resulting in death) e. Metastatic Carcinonia of Angui	MA ST V	Ater	18 maths
	MH ST V	later	18 months
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	m et v	Ater	18 marths
	WH OF V	Ater	18 marths
	WA ST V	Ater	18 marths
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	V		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	V	AUTOPSY 24b). WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Congestive Lead Laivae.	Part I. 24a, WAS AN	AUTOPSY 24b MED7	b. WERE AUTOPSY FINDINGS
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): A. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Proceedings of the Consequence of the cause of the conditions of the conditions of the cause of the cau	Part I. 24a. WAS AN. PERFOR	AUTOPSY 24b MED7	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Couge Solve head LAIVAR.	Part I. 24a. WAS AN. PERFOR	AUTOPSY 24b MED7	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Couge Solve head LAIVAR.	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY 24b MED7	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Couge Solve head LAIVAR.	Part I. 24a, WAS AN PERFOR 1 YES 2	AUTOPSY 24b MED7	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS	Part I. 24a, WAS AN PERFOR 1 YES 2	AUTOPSY 24b MED7 XNO	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY 24b MED7 XNO	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	Part I. 24a. WAS AN PERFOR 1 YES 2 Ck only one) G Other (Specify) 28d. DESCRIBE HOW IP	AUTOPSY 24b MED7 NO NO NUMBER OF THE PROPERTY	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY 24b MED7 NO NO NUMBER OF THE PROPERTY	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	Part I. 24a, WAS AN PERFOR 1 YES 2 Ck only one) G Other (Specify) 28d. DESCRIBE HOW IP 281. LOCATION (Street a City or Town, State)	AUTOPSY 24b ME07 NO NO NUMBER OF Rural F	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	Part I. 24a, WAS AN PERFOR 1 YES 2 Ck only one) G Other (Specify) 28d. DESCRIBE HOW IP 281. LOCATION (Street a City or Town, State) o the cause(s) and man	AUTOPSY 24b ME07 NO NO NUMBER OF Rural F	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	Part I. 24a, WAS AN PERFOR 1 YES 2 Ck only one) G Other (Specify) 28d. DESCRIBE HOW IP 281. LOCATION (Street a City or Town, State) o the cause(s) and man	AUTOPSY 24b ME07 NO NO NUMBER OF Rural F	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	Part I. 24a. WAS AN PERFOR 1 YES 2 Ck only one) G Other (Specify) 28d. DESCRIBE HOW IP 26f. LOCATION (Street a City or Town, State) o the cause(s) and manufime, data and place, and	AUTOPSY 24b ME07 NO NO NUMBER OF Rural F	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Diseases or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CON	24a. WAS AN PERFOR 1 YES 2 Ck only one) G Other (Specify) 28d. DESCRIBE HOW IF City or Town, State) o the cause(s) and man lime, data and place, and	AUTOPSY 24b MED7 (XNO 24b NJURY OCCURED and Number or Rural F	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Diseases or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CON	24a. WAS AN PERFOR 1 YES 2 Ck only one) G Other (Specify) 28d. DESCRIBE HOW IF City or Town, State) o the cause(s) and man lime, data and place, and	AUTOPSY 24b MED7 (XNO 24b NJURY OCCURED and Number or Rural F	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY 24b MED7 (NO NO PAUTOPSY NO NO NO NO NO NO NO NO NO NO NO NO NO	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
DUE TO (OR AS A CONSEQUENCE OF): any, laading to immediete cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY 24b MED7 (NO NO PAUTOPSY NO NO NO NO NO NO NO NO NO NO NO NO NO	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
Sequentially list conditions, If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY 24b MED7 (NO NO PAUTOPSY NO NO NO NO NO NO NO NO NO NO NO NO NO	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,



TO THE HOSPITAL DISCOLARS THE LAND PHYSICIAN. The law requires that the death certificate be executed within of hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FLACENE ACTION AND THE STATE DEATH HAS been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
	John	T	homas		Huo	ggin	S			MONTH DA		YEAR 994	0110 DM
	4. SOCIAL SECURITY NUMB	BER	5. SEX	6. AGE (In yr	rs. last birthday		ER 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	388-34-2044		1 🔀 M 2 🗆 F	5	7 YRS.	MONTHS	DAYS	HOURS	MIN.	March 5,	1937	Countr W 1	sconsin
	Sa. FACILITY NAME (# not in	stitution, give s	reet and number)			9h Ci	TV TOWN	OR LOCAT	ION OF DE			NTY OF D	
CC.	Union M			\i+=1					e C		SC. COO.	NIT OF 5	LAIN
6	RESIDENCE OF DEC		ar nos	JILAI			art.	LINOI	e C.	LCY			
DIRECTOR	10a. STATE	10b. COUNTY			10c. C	ITY, TOWN	OR LOCA	TION					10d. INSIDE CITY
嵩	Maryland		Baltimor	е		Balo	dwin						LIMITS?
	10e. STREET AND NUMBER						10	f. ZIP COD	E	-	10g. CITI	ZEN OF V	WHAT COUNTRY?
EB	13607 Devon	brook	Road					21	013		Uni	ted	States
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN			1:	3. WAS DE	CENDENT	OF HISPAN	IIC ORIGIN? (Specify Yea	or No.	14. RACE	- American Indian.
	1 Never Merried 2 1		FORCES? 1							n, Puerto Rican, etc.)			t, White, atc.
ВУ	3 Widowed 4 Divo	rced			-1962			X	Specify			орос	[™] White
COMPLETED	15. DEC (Specify only	EDENT'S EDUC y highest grade	CATION completed)		a. DECEDENT	'S USUAL	OCCUPATI	ON of work	lna	16b. KIND OF BUS	SINESS/INC	USTRY	
<u> </u>	Elementary/Secondary (0	1-12)	College (1-4 or 5	F)	Ilfe. Do NOT	use retired	(.)	USE OF WORK	ing				
4P			4 years		Mathe	natio	cian			Departm	ent (of D	efense
Ö	17, FATHER'S NAME (First, M							18, MOT	HER'S NA	ME (First, Middle, Malden	Sumame)		
BE (John Leo Hu	uggins						E	liza	beth G. Gr	aber		
	19a. INFORMANT'S NAME (7				19b. MAILI	IG ADDRE	SS (Street	and Numbe	or Rural I	Toute Number, City or Tow	n, State, Zip	Code)	
2	Mrs. Vera R.	. Hugg:	ins		1360	7 Dev	vonbr	ook	Road	Baldwin,	MD	210	13
	20e. METHOD OF DISPOSIT		numl ton — Ctata	20b. PL	ACE AND DAT	E OF DISP	OSITION (N	ame of		DATE 20c. LO	CATION -	City or To	wn, State
	4 Donation 5 Other		oval from Stata	_ Dul	y, cremetory of aney	Vall	ey Me	em. G	arde	ns8/24 Cock	eysv	ille	, MD
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE			2	NAME A	NO ADDRE	SE OF FA	Funeral Di			
	1 (Lam	01/	R Co	MI									, MD 21133
	23. PART I Enter tha di	Iseases, or o	omniications the	t caused th	a death De	not ent	or the m	LIDE	it Ly	Road Kalld	alls	LOWII	Approximate
	shock, Dr h	aart failura.	List only on cal	ise or aach	ilna.			ou or uj	mg, suc	rad cardiac or respi	ratory an	est,	intarval Batween
	iMMEDIATE CAUSE (Fir disease or condition	nai	has	Latin	1-1-1		450						Onset and Death
	resulting in death)	→ ,	n. TLAY	(OR AS A CO	MOEUTENCE	000	017						12 43
_		_		U6			,						1 Vsn
CERTIFICATION	Sequantially list conditi		0.	(OR AS A CO									700.
Ă	If any, leading to imme- cause. Entar UNDERLY	NG											
Ĕ	CAUSE (Disease or Inju that initiated events	lry 1	DUE TO	(OR AS A CO	NSEOUENCE	OF):							
F	resulting in death) LAS	т 📗	4										
	DATE II ON 11 11			1-1-1									
MEDICAL	PART II. Other aignifica	eondition	s contributing to	death but r	not resultin	g in tha	underiyin	g cause	givan in	Part I. 24s. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8										1 YES 2	NO M		OF DEATH?
M										_			1 YES 2 NO
	DID TOBACCO	O USE C	ONTRIBUTE	TO CA	AUSE O	F DEA	TH Y	ES 🗵	NO				
5	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTIU		LACE OF	DEATH (Ch	ack only one)			
YSI	1 TES 2 NO		1 kg Inpatient 2	ER/Outpatie	ent 3 🗆 DOA	OTHI 4 □ N		ne 5 🗆 R	aaldenca	S Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	-	28a. DATE OF (Month, L			IME OF	28c. IN.	JURY AT DRK?		28d. DEŞCRIBE HOW I	NJURY OC	CURED	
β		Pending Investigation				M	1 🗆	YE\$ 2 [□ NO				
		Could not be	28a. PLACE (building,	of INJURY — I atc. (Specify)	At home, fern	, street, to	ectory, offic	20		28t. LOCATION (Street a City or Town, State)	ind Number	or Rurel F	Route Number,
	4 Homicide	determined											4
2	29a. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the beat of	my knowledg	ge, death occu	rred at the	time, date	and place	e, end due	to the cause(a) and mar	ner as stat	led,	
COMPLET	one) 2 MEDI	ICAL EXAMINE	R: On the basis of a	xamination an	nd/or investigs	tion, in my	opinion,	death occu	red at the	time, date and placa, en	d due to th	ne cause(e) end manner as stated.
	29b. SIGNATURE AND TITLE					_	_	29c. LIC	ENSE NUA	IBER	29d, DAT	E SIGNED	(Month, Day, Year)
BE	Jo3	se C	ASTLO,	h D)				704				19 1994
임	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAU	SE OF DEATH	(ITEM 27) (Ty	oe, Print)							
	Jose	CAST		7 7	3 105	. Uu	ci Um	hity	12	way, r	BACD'	hore	21218
	31. DATE FILED (Month, Day,	Year)	Jalin of the	UR'S SIGNATU	RE								
	AUG2 S	1994	Julia other	wherly	artall								

		FOR
1	_	STATE
•		REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICALE O	F DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Leet) THEODORE		HUF	RTT		AUGUS	T 22, 1994	YEAR	3. TIME OF DEATH 12:30A M
	4. SOCIAL SECURITY NUMBER 215-72-0519	5. SEX 6. AG	E (In yrs. last birthday) R 3 YRS.	IF UNDER 1 YEA		7. DATE OF			PLACE (State or Foreign
~	9a. FACILITY NAME (If not institution, give				N OR LOCATION OF D		9c. COUNT	Y OF DE	ATH
TOF	THE JOHNS HOP	CINS HOSPITA	L	BA	LTIMORE C	ITY			
DIRECTOR	10a. STATE 10b. COUNT	Y	10c. CIT	3A/4	more				10d. INSIDE CITY LIMITS? 1 2 TES 2 NO
FUNERAL	629 W. MA	unt St			101. ZIP CODE	7	10g. CITIZE	OF W	HAT COUNTRY?
ВУ	11. MARUTAL STATUS 1 Hever Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 410	If yes,	BECENDENT OF HISPAL Specify Cuban, Maxica (ES 2 NO Specif	en, Puerto Ric		4. RACE Black, Specify	— American Indian, White, atc.
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION completed) College (1-4 or 8+)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done during	NTION most of working	18b. K	IND OF BUSINESS/INDU	STRY	
COMPL	17. FATHER'S NAME (First, Middle, Last				16. MOTHER'S NA	ME (First, Mid	idle, Malden Surname)		
BE (Kobeet He	ett			0,0	ee5	BAIL		
10	19a. INFORMANT'S NAME (Type/Print)	ly	629	ADDRESS (Stre	OUNT S	A DI	City or Town, State, ZID C		2/2/7
	20e, METHOD OF DISPOSITION 1		Ob. PLACE AND DATE	other place)		8/27	20c. LOCATION - CI	1-1	18 NA
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	0 - 10	340 a	AND ADDRESS OF FA	Kei S	Hace Fun	en	e Services
	23. PART I. Enter the diseases, pr ahock, pr heart failure. IMMEDIATE CAUSE (Final	List Dnly Dna cause on	each line.						Approximate interval Between Onset and Dasth
	disease or condition resulting in death)	DUE TO (OR AS	A CONSEQUENCE O	pilept	rous				30m2
NO	Sequentially list conditions,	0	uzunes						Touth
CATI	if any, leading to immediate cause. Enter UNDERLYING	. Hom	A CONSEQUENCE O	rond	eficies	Viro	4		2415
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O						
	PART II. Other algnificent condition	na contributing to deeth	but not resulting	in the underly	ring cause given in	Part I. 2	4s. WAS AN AUTOPSY		WERE AUTOPSY FINDINGS
MEDICAL						_ 1	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	T		26	PLACE OF DEATH (Ch	eck only one)			
SIC	EXAMINER?	HOSPITAL:	utpetient 3 🗆 DOA	OTHER:	lome 5 🗆 Residence		Specify)		
ву РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year		JURY	INJURY AT WORK? YES 2 NO	28d. DESCI	RIBE HOW INJURY OCCU	RED	
ETED I	3 Suicide B Could not be 4 Homicide detarmined	28e. PLACE OF INJU building, etc. (S)	RY — At home, farm, pecify)	street, factory, o	ffice	281. LOCAT City or	ION (Street and Number of Town, State)	Rural Ro	ute Number,
OMP	onel	ER: On the best of my known							and manner so stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIE	- Theles	15		29c. LICENSE NUI		29d, DATE	SIGNED (Month, Day, Year)
5	DR. GULATI 600	NORTH WOLFE			ALTIMORE,		AND 2128	7	
	31. DATE FILED (Month, Day, Year) AUG2 3 19	12. BEGISTRARS SH			,				
		4							

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1 - STATE
REGISTRAD

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

			CERTI			REG. N		
	t. DECEDENT'S NAME (First, Middle, Last)		HAI	VLET		2. DATE OF DEATH	1 '994 '	3. TIME OF DEAT
	4. SOCIAL SECURITY NUMBER 242-42-8608	5. SEX 8. AG	E (In yrs. last birthday 68 YRS.	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Fo
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOW	N OR LOCATION OF D		9c. COUNTY	
DIRECTOR	Saint Joseph Hosp	ital			waon, Mary			altimore
<u>교</u>	10a. STATE 10b. COUNT	Y	10c. C	ITY, TOWN OR LOC	CATION			10d. INSIDE CITY
- 1	MD		1	BALTIMO				t LIMITS?
FUNERAL	2628 AISQUITH	ST.			101. ZIP CODE 212	18		U.S.A.
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1X YE IF YES, GIVE WAR OR WW I	S 2 NO	If yes,		NIC ORIGIN? (Specify an, Puarto Rican, atc.) fy:		. RACE — American India Black, White, etc. Specify: BLACK
	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT	S USUAL OCCUPA I work done during	TION	18b. KIND OF	USINESS/INDUS	
IPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT	ORER	most or working	ветн	LEHEM	STEEL CO
COMPL	17. FATHER'S NAME (First, Middle, Last)	I P.M.				AME (First, Middle, Meid	_	
H	HOWARD HAM	LET			KENNIE		SMITH	
2	19a. INFORMANT'S NAME (Type/Print) DIANE LASHLEY					Noute Number, City or VE . BAL		D. 21213
	20s. METHOD OF DISPOSITION Gurial 2 Cremation 3 Ram Donation 5 Other (Specify)	noval from State	Ob. PLACE AND DATE	other plecel		1	LOCATION — CITY	or Town, State MILLS, MI
Î	21. SIGNATURE OF FUNCEAL SERVICE LI	CENSEE	PULLIOU	22. NAME	AND ADDRESS OF FA	BETTS	TIMES	AT TOTAL
	of alries	Rett	_					AL HOME TO,MD212:
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	b. ACUTE RES	S A CONSEQUENCE	OF): FAILURE OF):	SIM			24 HF
E		d						i e
4	PART II. Other significant condition	an annially of the decay						T
≥		na contributing to daatr	but not resulting	in the underly	ing cause given in	Part I. 24a. WAS PERF	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION DF C OF DEATH? 1 YES 2
≥ I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		but not resulting	26.	Ing cause given in	PERF	ORMED?	AMAILABLE PRIOR COMPLETION DF C OF DEATH?
SICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 7 NO	HOSPITAL:		26.		PERF 1 YES	ORMED?	AMAILABLE PRIOR COMPLETION DF C OF DEATH?
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	KOSPITAL:	utpatient 3 DOA	26. OTHER: 4 Nursing H	PLACE OF DEATH (C)	PERF 1 YES	ORMED?	AMAILABLE PRIOR COMPLETION DF CO OF DEATH?
FED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 Inpetiant 2 ER/Ot 26e. DATE OF INJUR	utpatient 3 DOA Y 28b. Ti	OTHER: 4 Nursing M. ME OF 28c. (PLACE OF DEATH (CA	PERF 1 YES neck only one) 6 Other (Specily)	ORMED? NO VINJURY OCCUP et and Number or	AMAILABLE PRIOR COMPLETION DF CO OF DEATH? 1 YES 2
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ITEMS: 23 PART I, 27, PER MEO FILM G-714 8/25/94 t.t. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATN 2. DATE OF DEATN 94 5:56 HOLT AUG PM. 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN 8. BIRTNPLACE (State or Foreign onth, Day, Year) HOURS 1 M 2 F YRS. 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF DEATN DIRECTOR SPRINGHILL AVE 2918 BALTIMORE CITY 10a. STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY nd PAltimore YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 29 1119 hill 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT DF NISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Mexicen, Puarto Rican, etc.) 1 YES 2 AO Specify: 14. RACE — American Indian, Black, White, etc. 1 YES 1 Never Married 2 Married В IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use refired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ET (Give kind of w life, Do NOT use College (1-4 or 5+) COMPL ut 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Sumame) W illie Ħ BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6 000 pe METHOD OF DISPOSITION
Surial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must md Donation 5 Other (Specify) 101 Ine examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Funeral Wallace W. FRANKLIN St. BAHO, mel uu medical 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart feliure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Finsi Onset and Death the disesse or condition resulting in death) DIABETIC KETOACIDOSIS DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, issding to immediats cause. Entar UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF). that initiated events resulting in desth) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN Item 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) HOSPITAL: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 XRaaldenca 6 - Other (Specify) 8 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. 1 XXNatural 1 YES 2 NO BY 2 Accident Investigation 28a. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 65 8 Could not be determined COMPLETED 4 🔲 Nomicide 28 29a, CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and manner ea stated. MEDICAL EXAMINER: On the beels axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated, 29b BUINATE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

O.C.M.E.

111 Penn Street, Baltimore, Maryland 21201

AUG 18,1994

E A S

YEAR 94

10g. CITIZEN OF WHAT COUNTRY? USA

3. TIME OF DEATH

910 BIRTHPLACE (State or Foreign Country) Ardmore, Pa.

> 10d. INSIDE CITY 1 YES 2 NO

14. RACE — American Indian, Black, White, atc.

White

Approximate Interval Between Opeet and Death

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

REG. NO.

2. DATE OF DEATH

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FOR STATE REGISTRAR

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			4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE	(In yrs. las	t birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTI	IPLACE (State
22			217-48-750		1 M 2 F		86	YRS.	WONTHS	DAYS	HOURS	MIN.		01-07			more,
should		~	9a. FACILITY NAME (If not is	nstitution, give s	street and number)				9b. CIT	Y, TOWN	OR LOCATION	ON OF DEA	тн		9c. COU	NTY OF D	EATH
2, 3		DIRECTOR	7910 Ruxway						T	'ows	on				Ba.	ltim	ore
les 1.		E C	10a. STATE	10b. COUNT	Y			10c. CIT	Y, TOWN	OR LOCA	ATION						10d. INSIDE
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permit, Pages		AL	10e. STREET AND NUMBER								of. ZIP CODE	E			10g. CITI	ZEN OF	WHAT COUNT
TST.		EB	. 7910 R	uxway	Rd.						212	04			1	JSA	
215-0020 attending physician.		FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER I	N U.S. ARI	MED	13.		CENDENT C			N7 (Specify Yes	or No-	14. RACI	E — America k, White, atc.
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AND 21 the hospital or detached for u	once.	COMPLETED	17. FATHER'S NAME (First, M	fiddle, Last)		.	-	Omom	0		18, MOTI	TER'S NAM	E (First, i	Middle, Maiden			
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A tain	notified	TO B	19a. INFORMANT'S NAME (Type/Print)			19t	. MAILING	ADDRES	S (Street	and Number	or Aural Ao	ute Num	ber, City or Tow	n, State, Zip	Code)	
be 5	De no	-	Joseph W. Heston 53 Rocklynn Pl. Pittsburgh Pa. 15228														
PRE may	must b		20a. METHOD OF DISPOSITION \$\(\begin{array}{c} \left\ \left														
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OF VITA PHYSICIAN: The	ed the	PHY	27. MANNER OF DEATH		28a. DATE OF (Month, E			26b. TIM	E OF		JURY AT ORK?		28d. DE	SCRIBE HOW I	NJURY OC	CURED	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

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USE OF DEATH (ITEM 27) (Type, Print)

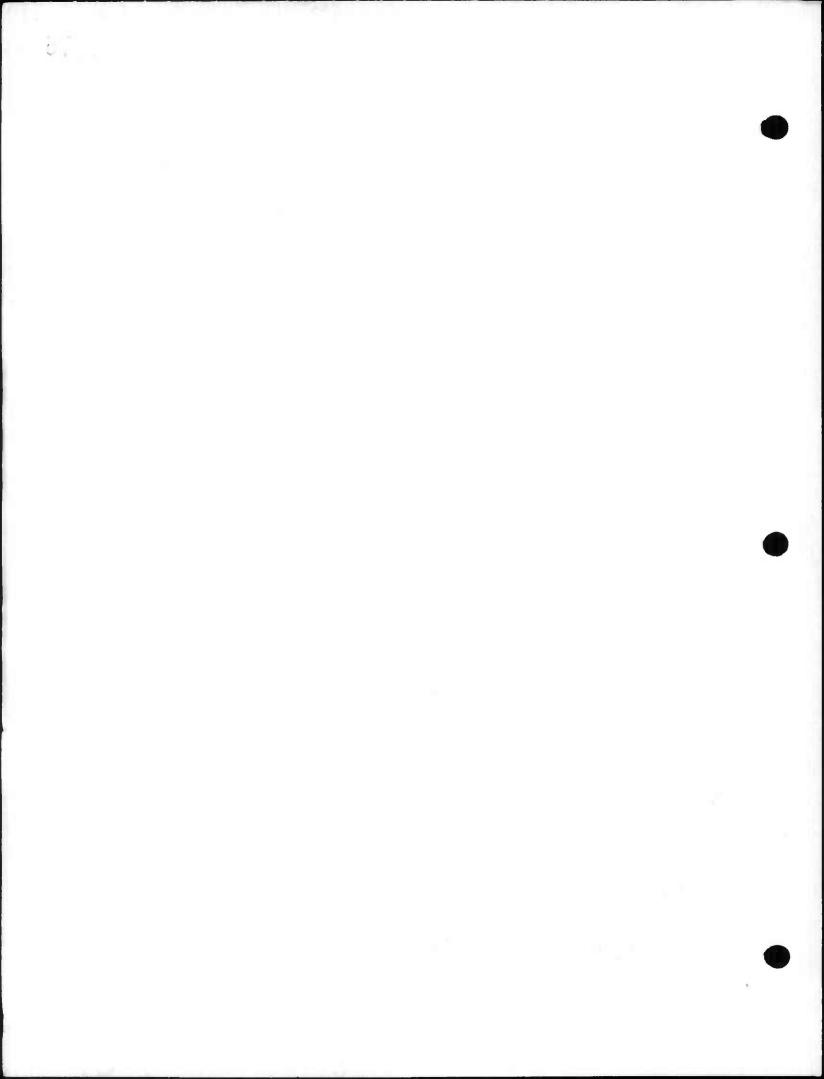
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-0020 ding physician. the burial-transit	В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF NISPA ecify Cuben, Mexico 2 10 Specifi	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) y:		RACE — Americ Black, White, at Specify: 11te	en Indien, c.
RYLAND 21215-0020 ed by the hospital or attending physic uld be detached for use as the burial ed at once.	LETED	15. DECEDENT'S EDU((Specify only highest grade Elementary/Secondary (0-12)	SUAL OCCUPATION More during mo	ON st of working	16b, KIND OF BU	SINESS/INDUST				
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BALTIMORE, rs after death. Page 6 may be n by the funeral director, page removal. edical examiner must be		21. SIGNATURE OF BUNERAL SERVICE LIC	AN . IN		22. NAME AN	ID ADDRESS OF FA			.C TIG	
Mours after do in by the for removal.	\exists	23. PART i. Enter the diseases, or c	omplications that caused	the seath. Do not	12 Rid	gley Ave	e: Annapolis	s.Md.21	401	proximate
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B 6 - 6	NO	Sequentially list conditions,	ASCI	CONSEQUENCE OF:						
ior t	CATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury								
S, P.O. Bodeath certificate attending physiental Hygiene print, or other t	CERTIFICATION	that initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
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S H	À	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	M 1 🗆 Y	ES 2 NO				
Z Z Z	Ž.	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Speci	Hy)			261. LOCATION (Street a City or Town, State)		ural Route Numb	И,
7 72 =	COMPL	O(10) 2 MEDICAL EXAMINE	CIAN: To the best of my knowled. 3: On the basis of examination						use(e) end menr	er ee stated.
TO THE HOSPITY TO THE FUNERA De filed within 7. IMPORTANT: 1	TO BE	296 SIGNATURE AND TITLE OF CENTIFIER	anoto	Depu	1ty	29c. LICENSE NUI	4054	29d. DATE SIG	ONE (Month, Da	y. Your)
		39 NAME AND ADDRESS OF PERSON WHO	JONES	AIN (ITEM 27) (Type, Pri	95	Ame	evica	210	35	
		AUG 2 3 1994	de la lace de lace de lace de la					_		

DHMH-18 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760

mysician.	TUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit		
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	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT (MENT	AL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DA1	TE OF DEATH	Y	YEAR 3	TIME OF DEATH	
	IRMA 4. SOCIAL SECURITY NUMBER	5. SEX	4.405.//		KELLU		CKSON	-	GUST 13			11:36	AM
	212-44-4009	1 M 2 KF	6. AGE (In yrs. la	VDC	IF UNDER 1 Y	DAYS HOU	INDER 24 HRS. IRS MIN.	(Mo	E OF BIRTH Inth, Day, Year) -27-1947		Country) MARYL	ACE (State or Forei	gn
	9a. FACILITY NAME (If not institution, give s			9b. CITY, TO	OWN OR LO	CATION OF D		21 1771	9c. COUNTY OF DEATH			\neg	
DIRECTOR	911 LEADENHALL STREET BALTIMORE												
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR I	LOCATION					10	d. INSIDE CITY	-
DIA	MARYLAND				BALTI	MORE	CITY				1	LIMITS?	,
AL	10e. STREET AND NUMBER			1	_	101. ZIP	CODE			10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	911 LEADENHALL ST			21230						US	SA.		
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 X Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V				Cuban, Maxica	, Mexican, Puerto Rican, etc.) Specify:			Specify:			
G	15. DECEDENT'S EDU (Specify only highest grade		18a. Di	ECEDENT'S	USUAL OCCL	IAL OCCUPATION 16b. I				INESS/INDU	BLAC	K	
COMPLET	Elamentary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT u	work done duri se retired.)	ing most of v	vorking	-1					
MP	9th GRADE			SECR	ETARY				UNKNOWN				
	17. FATHER'S NAME (First, Middle, Last) RUFUS	MOR'	COM			- 1		ME (First	t, Middle, Maiden S				
BE	19a. INFORMANT'S NAME (Type/Print)	HOR		h MAILIM	ADDRESS (S		MARY	Dougla Alu	mber, City or Town	HUDSO			
5	1	DSON							BALTIMO			1223	
	20a. METHOD OF DISPOSITION		20b.PLACE	ANDDATE	OF DISPOSITION								\neg
	20s. METHOD OF DISPOSITION MD Burlai 2 Cremation 3 Ramoval from Stata 20b. PLACE AND DATE OF DISPOSITION (Name of cemelery, crematory or other place) WESTERN STAR CEMETERY 8-19-94 CATONSVILLE, MD.									MD.			
	21. SIGNATURE OF TUNENAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY TO SEPH H BROWN TR FINERAL HOME DA												
	- Clan	1	2.	~	1/							, P.A.	122
CERTIFICATION	IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST	disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE DF): DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL CE	PART II. Other significant condition						se given in	_	24a. WAS AN A PERFORI 1 YES 2	MED?	AL CC	ERE AUTOPSY FIND MILABLE PRIOR TO DMPLETION DE CAU F DEATH? YES 2 NO	
SIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLA	CE OF DEA	TH (Check only	y one)							
YSI	1 X YES 2 □ NO	HOSPITAL:	ER/Outpatient 3	B □ DOA	_		XRaaldence	6 🗆 Otl	her (Specify)				
F	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, D		28b. TIN	JURY	C. INJURY A		28d. D	EȘCRIBE HOW IN	JURY OCCU	PRED		
B	2 Accident Investigation	28a PLACE C	F INJURY — At he			1 YES	2 NO						
E	3 Suicide 8 Could not be 4 Homicide detarmined	building,	atc. (Specify)	ame, tarm,	street, tactory,	, ornea	28f. LOCATION (Street and Number or City or Town, State)			r Hural Floui	e Number,	Ì	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE											nd manner as state	ed.
TO	2 MANUTURE AND TITLE OF CONTIFIER THE SHALL				29c. LICENSE NUMBER O.C.M.E.				PER 29d. DATE SIGNED (Month, D) AUGUST 14,				
1	30. NAME AND ADDRESS OF PERSON WH	KOREW				et, B	altimo	ore,	Maryla	nd 21	201		
	AUG 2 3 1994	32 REGISTRA	R'S SIGNATURE										

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with: Fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Item 23 shows any Injury, or other traumatic event, the m
THE HOSPITAL OR	the Funeral DIF e filed within 72 hou	MPORTANT: If Iter

							94	24677	
_	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT OF	HEALTH AND F DEATH	MENTAL HYGIEN REG. NO			
8	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH DO	NY 3 0 0 Y	3. TIME OF DEATH	
	Cora Sue Johns 4. SOCIAL SECURITY NUMBER		the construction of the second	-		Aug. 18,			2"
0.00	232-58-3588 9a. FACILITY NAME (If not institution, give :	1 M 2 F	(In yrs. lest birthday) 55 YRS.	IF UNDER 1 YEAR	B HOURS MIN.	7. DATE OF BIRTN (Month, Day, Your) Mar. 29, 1939 8. BIRTNPLACE (State Country) West Vi			nia
Œ	122 Gerald Dri			_	N OR LOCATION OF D	EATN		Y OF DEATN	
6	RESIDENCE OF DECEDENT	.ve		Sever	11		Anne	Arundel	\dashv
DIRECTOR	MD 106. STATE Anne	Arundel	Sev	ern	CATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO	0
34	100. STREET AND NUMBER				10f. ZIP CODE			N OF WHAT COUNTRY?	
FUNERAL	122 Gerald Dri				21144		USI		
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	N U.S. ARMED 2 NO ATES	If yea,	Specify Cuban, Maxic ES 2 NO Specification	NIC ORIGIN? (Specify Yar an, Puarto Rican, atc.) ly:	or No 14	RACE — American Indian, Black, White, etc. Specify: Whit		
	15. DECEDENT'S EDU (Specify only highest grade		16a, DECEDENT'S	USUAL OCCUPA	TION most of working	16b. KIND OF BUS	SINESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	e retired.)	alist	Electr	onics	5	
	17. FATNER'S NAME (First, Middle, Lest) Unknown					AME (First, Middle, Malden Rena Mae			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street	et and Number or Rural	Floute Number, City or Tow	n, State, Zip Co	ode)	
임	Charlie L. Joh	inson	122 G	erald	Drive,	Severn,	MD 2	21144	
	20a. METNOD OF DISPOSITION 1							y or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME	AND ADDRESS OF F	CILITY			\neg
	- Thomas	Alta	dat			uneral Ho Ave. Ann			11
ERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition) But to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):								weeп
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	USE
AN	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO	CAUSE OF		YES NO				
	EXAMINER?	HOSPITAL	netlest 3 1 DOA	OTHER:	PLACE OF DEATH (C				\dashv
H H	27. MANNER OF DEATN	28a. DATE OF INJURY	28b. TIME	OF 28c.	ome 5 Residence	28d. DESCRIBE NOW I	NJURY OCCUI	RED	\dashv
ВУР	1 Natural 5 Pending Investigation	(Month, Day, Year)	JUNI		WORK? YES 2 NO				
	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28s. PLACE OF INJURY — At home, farm, atreet, factory, offica building, stc. (Specify)			offica 281. LOCATION (Street and Number or Rural I City or Town, State)			Rural Route Number,	
COMPLETED	one)	SICIAN: To the best of my know							
	29b. SIGNATURE AND TITLE OF CERTIFIE	MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, a							
O BE	CRIC. 4.1139							23/94	
2	30. NAME AND ADDRESS OF PERSON OF CLEMENT B.K				PATUXEN	T PKWY#4	1240	OLUMBIA, A	6
	31. DATE FILED (Month, Day, 1801) AUG 2 3 1994 Julia direction hardally								
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WISION OF VITAL RECORDS, P.O. BOX 687604

TENDING PHYSICIAN: The law requires that the death certificate be executed with

er death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should		i examiner must be notified at once.
A WITTENDING PAYSICIAN: The law requires that the death certificate be executed within a nours after deat	ificate has	It are used with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	m 28 is marked, or item 23 shows any injury, or other traumatic event, the medica

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC			MENTAL HYGII				
	1. DECEDENT'S NAME (First, Middle, Last) ANNA MARCELINE		J	ONES		2. DATE OF DEATH	1'9 94		TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 220-36-6930		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH					
TOR	9a. FACILITY NAME (If not institution, give street and number) 789 PAUL BIRCH DRIVE CROWNSVILLE ANNE ARUNDE: RESIDENCE OF DECEMENT									
DIRECTOR	MARYLAND ANNE ARUNDEL CROWNSVILLE								d. INSIDE CITY LIMITS? YES 2 X NO	
FUNERAL	789 PAUL BIRCH	101. ZIP CODE 21032					10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR OAT	ZT NO	If yes, spi	ENDENT OF HISPA Holfy Cuban, Maxica 2 X NO Specia	NIC ORIGIN? (Specify an, Puerto Ricen, atc.) by:	Yes or No—	4. RACE — Black, Wi Specify:	American Indian, hita, atc. WHITE	
COMPLETED	15. OECEDENT'S EDUCA (Specify only highest grade co	College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re L. P	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, Do NOT use retired.)					ATE HOSP.	
BE COM	17. FATHER'S NAME (First, Middle, Lest) CHARLES EZRA RE		Ц. Г	11.	18. MOTHER'S NA EDNA	ME (First, Middle, Meid MARIE				
TO B	19a. INFORMANT'S NAME (Type/Print) WILLIAM ROBERT	JONES					NSVIL	LE;	MD.21032	
	20a, METHOD OF DISPOSITION 1 (ABurlal 2 Cremation 3 Removal from State Clemetery, cremetery of other place) Clemetery (cremetery, cremetery) Clemetery, cremetery of other place) Clemetery of other place)									
	Machon	11/2	Hand	1 SECO GLEN B	ND AVENU URNIE; M	JE; SW MARYLAND 2	21061		HOME;	
	23. PART I. Entar the diseases, or conshock, or heart failure. Li	mplications that caused at only one cause on ear	the death. Do not h lina.	~	1		apiratory arres	nt,	Approximata interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF)									
TION	Sequentially list conditions, if any, leading to immediate b. Reute suporardial refarction OUE TO (OR AS A CONSCOURNCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST d.									
AL	PART II. Other aignificant conditions	contributing to death bu	not resulting in t	he underlying	cauae given in	PERF	AN AUTOPSY ORMED?	AWA	RE AUTOPSY FINDINGS JILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
: ME	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	DEATH YES		LINICEDTAII	_			YES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	10SPITAL:	. PLACE OF OEATH (Check only one)						
PHYS	27. MANNER OF GEATH	26a. OATE OF INJURY (Month, Oay, Year)	26b. TIME OF	28c. INJL	JRY AT	6 Other (Specify) 28d. OESCRIBE HON	V INJURY OCCU	REO		
B	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY -		M 1 🗆 Y	ES 2 NO	281. LOCATION (Street	at a and Alicenhaus	0 1 0 1	Monte	
ETED	3 Suicide 6 Could not be detarmined	building, atc. (Specify)	t, tectory, office		City or Town, Sta	et and Number of	HUREI HOURS	Number,	
COMPLETED		AN: To the best of my knowled On the basis of exemination							d menner ea stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Mr.	gan		29c LICENSE NUI	MBER 7	29d. DATE :	SIGNED (MO)	fth, Day, Year)	
오	30. NAME AND ADORESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Prin	()						
	AUG 2 3 1994 Jal	32, REGISTRAR'S SIGNAT	URE U							

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ours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DESCRIPTION And the conficte has been signed by the amending threatest and completing filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should pure after death with the State Days, or Health and Mental Highers prior to burial, cremition, or removal. OR ATTENDING PECSICIAN. The law requires that the death certificate be executed within

ITEM: 1. PER F.H. FILM G-714 8/23/94 t.t

	1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) JOSEPH CAROL Kazmierczak						ž 19	3. TIME OF DEATH 12:15 Pm		
				IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BURTH		BIRTHPLACE (State or Formion		
	215-09-4448 1× M 2 □ F 82		82 YRS.	3. MONTHS DAYS HOURS MIN.		(Month, Day, Year) 09/23/1	1	Maryland		
	9e. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN OR LOCATION OF DEATH			9c. COUNTY OF DEATH			
DIRECTOR	Meridian Cromwell Nursing Home			Baynesville			Baltimore			
H H	10e. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION				10d. INSIDE CITY		
	Maryland Baltimore			Parkvill			e 1 ☐ YES 2 💢 NO			
FUNERAL	8300 Nunley Drive			t. E 21234			United States			
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 X N IF YES, GIVE WAR OR DATES			13. WAS OECENDENT OF HISPANIC ORIGIN? (Specifity see, specify Cuben, Mexicen, Puerto Ricen, etc. 1 YES 2 X NO Specify:						
8	15. DECEDENT'S EDUCATION 180. DECEDENT'S USUAL OCCUPATION				TION 166. KIND OF BUSINESS/INDUSTRY					
COMPLETED	(Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5+)	life. Do NOT us							
OM O						18. MOTHER'S NAME (First, Middle, Maiden Sumarne)				
BE C		Kazmier	czak		Kathe					
0	190. INFORMANT'S NAME (Type/Print) Eleanor G. Kazmierc	7 a k				Route Number, City or Tow				
	20e. METHOD OF DISPOSITION	20b. F	PLACE AND DATE	OF DISPOSITION (N	ey Drive	DATE 20c. LO		. 21234 or Town, State		
	1									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mark T. Zavoyna Mark T. Zavoyna Leonard J. Ruck, Inc. 5305 Harford Road Baltimore, 21214									
	23. PART I. Enter the disease, or complicate	one thet caused	the deeth. Do	not enter the mo	ode of dying, su	ch ea cerdiac or reepi	ratory arrest	Approximate		
	ahock, or heert fallure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Interval Between Onest and Dasth Communication of the condition of									
_	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentielly flat conditione, If any, leading to immediate ceuse, Enter UNDERLYING	If any, leading to immediate								
FIC	CAUSE (Disease or Injury thet initieted events	DUE TO (OR AS A C	CONSEQUENCE O	F):						
H	reaulting in deeth) LAST									
5	PART 11. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part 1. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS									
ICAL	Dements.					PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
MED	multi		white w	Opera		1 NES 2	□ NO	OF DEATH?		
PHYSICIAN: MEDI	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO									
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
HYS		DATE OF INJURY				8 Other (Specify)	LINE COOLS			
ВУ Р	28. DATE OF INJURY 1 Natural 5 Pending 2 Accident Investigation 28. DATE OF INJURY 28b. TIME OF INJURY WORK? 1 YES 2 NO						EU			
	2 School Street and Number or Rural Route Number, City or Town, State) 289. PLACE OF INJURY — At home, ferm, atreet, tectory, office building, etc. (Specify) 289. PLACE OF INJURY — At home, ferm, atreet, tectory, office City or Town, State)							Bural Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the best of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.									
BE C						GNED (Month, Dey, Year)				
To	30. NAME AND ADDRESS OF PERSON WHO COMPLET	220	1 8/22/94							
	Marion C. Kowalewski,	M.D.	8604 1		Road Ba	ltimore, M	1. 212	234		
	31. DATE FILE MOTH, 2013 1994	EGISTRAR'S SIGNAT	TUBE							

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Pages 1, 2, 3 should

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DIRECTOR

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PHYSICIAN: MEDICAL CERTIFICATION

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OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within proving after death. Page 6 may be retained by the hospital or a	DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us house steer death with the State hair of Nath and Mental Honlein prior in Durial or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle. 2. DATE OF OEATH MONTH 3. TIME OF DEATH EE (AKA)- MAXIE) 4:31 D W 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 M 2 F 227-22-7528 68 1-31-1926 VIRGINIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF GEATH BON SECOURS HOSPITAL BALTIMORE CITY 10a, STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE CITY 1 X YES 2 | NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 2414 W. LEXINGTON STREET 21223 USA. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 12. WAS DECEGENT EVER IN U.S. ARMEO 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Maxican, Puerto R

1 YES 2 X NO Specify: FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 AMarried Specify: 3 Widowed 4 Divorced NAVY BLACK 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 16h KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) at of working College (1-4 or 5+) 11th GRADE PRINTER PANSNER PRESS 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname) LEE ANNIE MOSEBY 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) THELMA LEE LEXINGTON STREET 2414 W. BALTIMORE. MD. 21223 20s. METHOD OF DISPOSITION
130 Buriet 2 Cremetion 3 Removal from State
4 Donation 6 (Nother (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) 20c. LOCATION - City or Town, State GARRISON FOREST CEMETERY OWINGS MILLS. 21. SIGNATURE OF FUILERAL SERVICE LICENSEE JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST., BALTIMORE, MD.21223 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such se cardiec or respiratory arrest, shock, or heert feliure. List only one cause on each line. Approximate Interval Between **Onset end Death IMMEDIATE CAUSE (Finel** disease or condition_ resulting in death) Sequentieity list conditions, DUE TO/(OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING tic ta CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY

				1 YES 2 NO	OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpetient :	OTHE	heck only one) 6 ① Other (Specify)			
27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. OEŞCRIBE HOW INJURY OCCUREO		
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, ferm, street, fac	281. LOCATION (Street and Number or Flural Route Number, City or Town, State)			

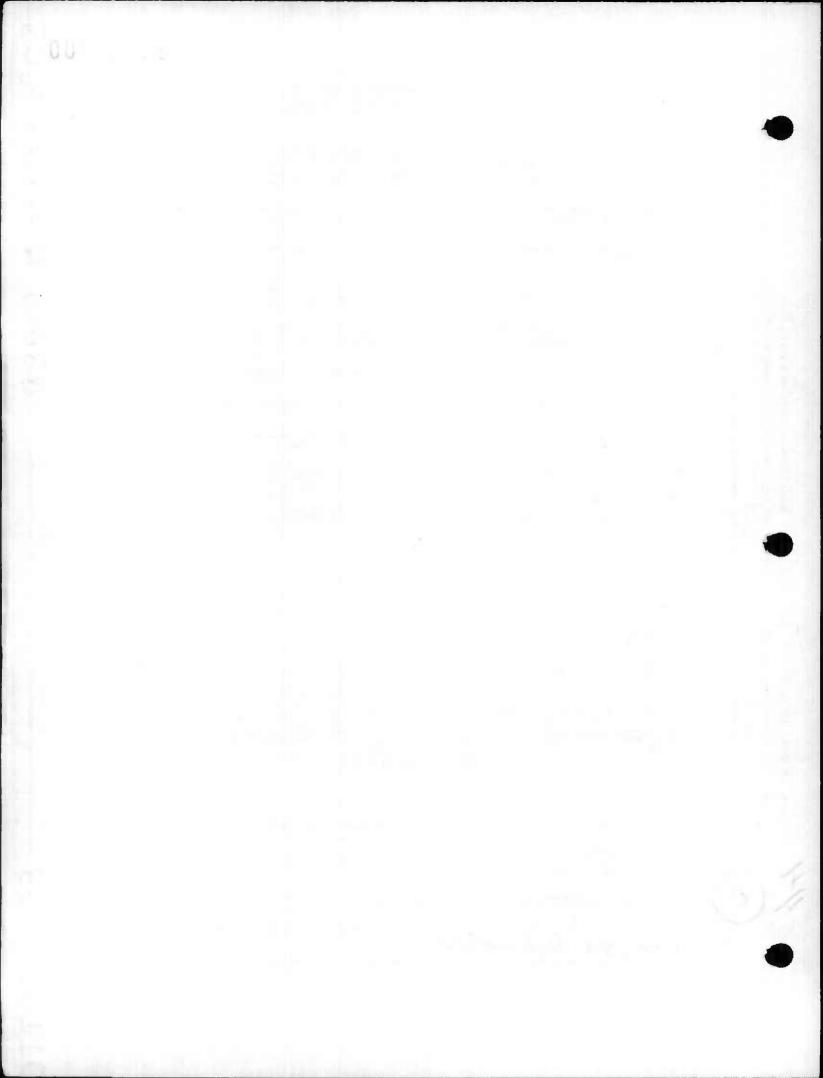
29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.

2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(s) and ma

296. SIGNATURE AND TITLE OF CERTIFIEF 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 303 60 m. A PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

RUZ LOSITA COURS 31, DATE FILED (Month, Day, Year) 3 1994

32 REGISTRAR'S GRATURE



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

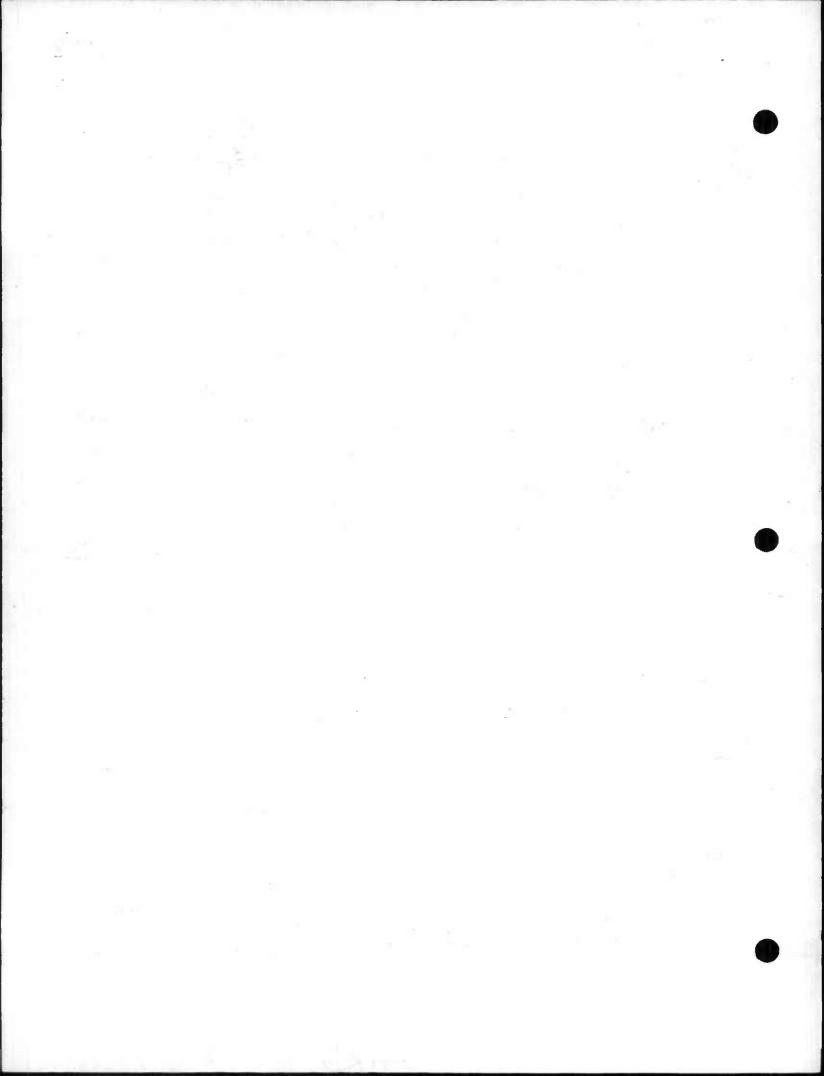
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HOSE TALL TO STENDING PHYSICIAN: The law requires that the death certificate be executed with Lours after death. Page 6 may be retained by the host	FME TO RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		TANE IL from 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		RTMENT OF				HYGIEN REG. NO.			
	1. OECEOENT'S NAME (First, Middle, Last) RUTH LOC	Ruth Barnh GFDON	nart	Log	sdon		2. DATE OF MONTH	DEATH 1 8	" 19	§ *4	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 474 03 4283	5. SEX 6. AGE (In yrs. I	est birthday) YRS.	IF UNDER 1 YEAR		24 HRS.	7. DATE OF (Month, 1)				
NC.	9e. FACILITY NAME (If not institution, give stree 38 Shore Walk	of and number)		9b. CITY, TOW	N OR LOCATI	OH OF DE	ATH	ATH Sc. COUNTY OF DEATH AA			
رز	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		40. 00	Y. TOWN OR LO					1		
DIRECTOR	Maryland Anne	Arundel Co	100. (1)	Riva	CATION						10d. INSIDE CITY LIMITS? 1 YES 2 HO
FUNERAL	10e. STREET AHD HUMBER	alk Road PO	Pow	1 2	10f. ZIP COD				10g. CITIZ		HAT COUNTRY?
N N		2. WAS DECEDENT EVER IN U.S. /	ARMED				NC ORIGIN? (Specify Yes	or No—	14. RACE	- American Indien.
BY F	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	No No		specify Cuba ES 2 NO		n, Puerto Ric	en, etc.)		Speci	white, etc. White
ED	15. OECEDENT'S EOUCAT (Specify only highest grade co			USUAL OCCUP		200	16b, K	HO OF BUS	SIHESS/IHDI	USTRY	
IPLET			lle. Do NOT u	se retired.)		.9					
COMPL	17. FATHER'S NAME (First, Middle, Last)		-		18. MOT	HER'S HA	ME (First, Mid	dle, Meiden	Sumame)		
BE (sisto			01g	a M	. Saa	ari			
10	19a. IHFORMAHT'S HAME (Type/Print)		19b. MAILIHO	ADDRESS (Stre	et and Number	r or Rural I	Route Number,	City or Tow	n, State, Zip	Code)	
	20s. METHOD OF DISPOSITION 1		E AND DATE crematory or o	OF DISPOSITION other place)	(Name of		DATE	20c. LO	CATIOH — C	City or To	wn, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICEN	swonald Wade	.Dir	22. HAM	AND ADDRE	SS OF FA	CILITY St	ate	Anat	toms	Board
	Dourell 1d	lare-	,				reSt				
6	IMMEDIATE CAUSE (Final	Arterioscle DUE TO (DR AS A COMS	roti	c Heai				c or reap	ratory arre	est,	Approximate interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.										
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions						_ ¹	PERFOR	IMEO?	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO
AN:	DID TOBACCO USE CO	DNIRIBULE TO CAL	JSE OF		PLACE OF D						
SIC		OSPITAL:	3 DOA	OTHER:				Specify)			
PHY	27. MAHHER OF DEATH	28e. DATE OF IHJURY (Month, Day, Year)	28b. TIR		IHJURY AT WORK?				HJURY OCC	URED	
ВУ	1 Kentural 5 Pending Investigation			M 1	YES 2	НО					
유	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At building, atc. (Specify)	homa, farm,	atrast, factory, c	ffice			OH (Street i Town, Stele)		or Rural F	loute Number,
COMPLET	onel	AN: To the best of my knowledge, On the bests of examination and/o) and manner as stated.
w l	296. SIGNATURE AND TITLE OF CERTIFIES	1200			29c. LIC	ENSE NUI	WBER		100		(Month, Day, Year)
TO B	Million Je	There		puty		D 06	5054		▶08	-18	-1994
	30. HAME AND ADDRESS OF PERSON WHO G	nes. M.D.	695	Ameri	ca	2	21035				
	31. DATE FILE (1601) 2002 % 1994	A REGISTRAR'S SIGNATURE	fall								

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BALTIMORE, MARYLAND 21215-002	re after death. Page 6 may be retained by the hospital or attending play
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		1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTI CERTIFIC			MENTAL HYGIE		•
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY Y	3. TIME OF DEATH
		MARY Edna	LEE				AUGUST	19.9	20.30 m
Pie		705-05-84981	□ M 2 ☑ F		UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	2	BIRTHPLACE (State or Foreign Country)
2, 3 should	TOR	9a. FACILITY NAME (If not institution, give street NOUTU WOLF RESIDENCE OF DECEDENT			RD · R	ANDAU		9c. COUNTY	ALTIMORE
physician. burial-transit permit. Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY	timore		own or locat lkesvil				10d. INSIDE CITY LIMITS? 1 YES 2 NO
Dermit	AL A	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
insit p	FUNERAL	4613 A Old Court R	load			21208		Unit	ed States
physician burial-trai	5	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN	U.S. ARMED		ENDENT OF HISPAN	IC ORIGIN? (Specify)		RACE — American Indian, Black, White, etc.
attending physe as the bur	B	1 Never Married 2 Married 3 Nudowed 4 Diverced	IF YES, GIVE WAR OR DA		1 TYES		n, Puerto Rican, atc.)		Specify: White
>		15. DECEDENT'S EDUCATI (Specify only highest grade con	ON apleted)	18a. DECEDENT'S US	done during mo	ON st of working	16b. KIND OF B	USINESS/INDUS	TRY
ed for	COMPLETED	10 years	college (1-4 or 5+)	Clerical			CSX		
400		17. FATHER'S NAME (First, Middle, Last) Claude Whitehill					ME (First, Middle, Maide		
tained should should	TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	PORESS (Street a		atherine Route Number, City or R		
. 2 8 0	-	Mrs. Rosemarie Dor				Mill Ro			ID 21244-1110
e 6 may ector, pa		20a METHOD OF DISPOSITION 1 D Burlet 2 Cremation 3 Removal		PLACE AND DATE OF I	place)		1	LOCATION — City	
		4 Donation 5 Other (Specify)		odlawn Ce		ID ADDRESS OF FAC		Woodlaw	m, MD
death. Page 6 m tuneral director, I.		» // /	20		Lorin	g Byers	Funeral D	irector	s, Inc.
- sale	Щ	yamou 1) Covy		8728	Liberty	Road Ran	dallsto	wn, MD 21133
within hours spletely filled in termation, or re-		23. PAH / Enter the disease, or com- shock, or heert fellure. Lief IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Neomo	consequence of):	enter the mo	de of dying, suci	h aa cerdlec or res	piratory arrest	t, Approximate interval Between Onset and Death
e be execusician and rior to bur traumatic	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):					
ending Hygie or oth	ERTIFIC	CAUSE (Disease or injury that initiated evente resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
0 0 5	CE	PART II. Other eignificent conditions c	ontributing to deeth by	ut ont seculting in	the underlying	a course alves la	Dort I or more	N AIPPOROV	
that the ed by the and Irl	EDICAL	Divernal	on, D		alia	A		AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
of of	Σ	DID TOBACCO USE CO	NTRIBUTE TO C	CAUSE OF D	FATH Y	ES NO			1 TES 2 NO
has Deg	IAN	25. WAS CASE REFERRED TO MEDICAL		57.002 0. 5		ACE OF DEATH (Che	ock only one)		
	SICI		OSPITAL:		THER:	e 5 🗆 Residence			
PHYSICIAN: this certific: with the St rked, or It	РНҮ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME C	F 28c. INJ	URY AT	28d. DESCRIBE HOW	/ INJURY OCCUF	RED
NG PHYS fler this cath with marked	ВУ Р	1 Astural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		RK? res 2 No			
OR ATTENDING I	ETED 8	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY building, stc. (Speci	— At home, ferm, stre	et, factory, office	•	281. LOCATION (Stree City or Town, Star		Rural Route Number,
HOSPITAL OR FLINETRAL OFFI ITAIT	OMP		N: To the best of my knowled On the basis of examination						ause(s) and manner as stated.
불불활동	4	296 SIGNATURE AND TITLE OF CERTIFIER	000 mn	\		29c. LICENSE NUM	IBER	29d. DATE S	IGNED (Month, Day, Year)
₽₽₩.	10	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Pri	int)	2043	On O	J V.	MD
		31. DATE FILED (Month, Day, Year) AUG2 3 1094	REGISTRAR'S SIGN	SURE Arolall	UI(I - I	our	VD. KC	MOL	WE TOUGH



BALTIMORE, MARYLAND 21215-0020	6 may be retained by the hospital or attending physician.	ctor, page 5 should be detached for use as the burial-transit perm
BALTIM	1 24 hours after death. Page	y filled in by the funeral dire
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	R OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nem

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31. DATE FILED (MONTH, Day, Year)
AUG 2 3 1994 Jahn

M								94	24000
		FOR 1 - STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENTAL HYGIEN	_	
		1. DECEDENT'S NAME (First, Middle, Last)		<u> </u>	TOATE O	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
		MARY H. LOC	.H					4.199	EAR 14:39 PM
	. 1	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
P		495-50-1610	□ M 2 XX	31 YRS.	MONTHS DAY	B HOURS MIN.	(Morth, Day, Year) 10-27-1		LONDON
3 should	_	9e. FACILITY NAME (If not institution, give street	et end number)		9b. CITY, TOW	N OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH
23	DIRECTOR	208 STAFFORD RE)		BALT	IMORE			
es 1,	EC	10a. STATE 10b. COUNTY		10c. CI	TY, TOWN OR LO	CATION			10d. INSIDE CITY
Pag.	DIA	MARYLAND		100	BALT	IMORE (CITY		LIMITS?
permit. Pages 1,	AL	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
. usit	FUNERAL	208 STRATF	ORD ROAL)		21218	3	υ.	S.A.
physician. burial-transit	5	11. MARITAL STATUS	2. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ABMED			NIC ORIGIN? (Specify Yes	B or No- 14.	RACE — American Indian, Black, White, etc.
d ph	ВУ	1 Never Merried XX Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR			specify Cuben, Mexico YES X X NO Specif			Specify:
as the		15. OECEDENT'S EDUCAT	TION	100 DECEDENTS	USUAL OCCUPA	-	16b, KIND OF BU		WHITE
al or after for use	ETE	(Specify only highest grade co	mpleted) College (1-4 or 5+)	(Give kind of	work done during	most of working			
spital	IP.	5	PLUS	PH	YSICIA	N	HEA	LTH	CARE
the hospita detached once.	COMP	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surneme)	
d by	BE (JOHN HALDE	MAN ROBE	BINS		ENII	EVERIN	GTON	
hours after death. Page 5 may be retained by the hospital or attending bed in by the funeral director, page 5 should be detached for use as the or removal. medical examiner must be notified at once.	10	W.ERIC LOCH M.	D. (SON)	19b. MAILIN 208	STRAT	FORD ROA	AD, BALTIM	n, State, Zip Cod	MD. 21218
e 6 may be ector, page must be		20e. METHOD OF DISPOSITION 1	of from State CA	b. PLACE AND DATE	OF DISPOSITION	(Name of	DATE 20c. LO	CATION — City	or Town, State
rs after death. Page 6 m by the funeral director, removal. edical examiner musi		4 Donation 5 Other (Specify)	E	ULANEY				ONIUM	I, MD.21093
death. Pag tuneral di L examiner		21. SIGNAL ONE OF PONENAL SERVICENCE	SEE				. JENKIN		SONS
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ours afted in by the or removements		23. PART i. Enter the diseeses, Dr cpr ehock, Dr heart feliure. Lis	npilcetions thet cause	d the death. Do	not enter the r	mode of dying, suc	h as cardiac or reapi	iratory arrest	
filled in the m		IMMEDIATE CAUSE (Final			1		1 1		Onset and Death
		disease or condition resulting in death)	Blunt	face	lywin	en of H	cad		
8 5 8			/ DUE TO (OR AS	A CONSEQUENCE (IF): U	/	,		
be executed sician and conrior to burial, traumatic en	RTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS	A CONSEQUENCE (F):				
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ertifical ng phy giene other	Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (DR AS	A CONSEQUENCE O	F):				
eath certificate titlending physical Hygiene pri	E	resulting in death) LAST							
g 6 9	_	PART II. Other significent conditions	contributing to death	but not resulting	In the underly	ing cause given in	Part i. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
that the ned by the and any In	EDICAL			0401 = -			PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
requires the seen signed of Health a	밀						_ X 1ES 2	P ₪ NO	OF DEATH?
been of F	. M	DID TOBACCO USE CONTRIE	BUTE TO CAUSE O	OF DEATH Y	FS NO.	XX UNCERTAIL			1 (V YES 2 NO
he law e has b e Dept. m 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEA	_				
SICIAN: The certificate he the State 1, or Item	SIC	*Z	OSPITAL:	patient 3 🗆 DOA	OTHER: 4 \(\text{Nursing H} \)	ome 5√ Residence	5 ☐ Other (Specify)		-
PHYSICIA this certif with the rked, or	РНҮ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TII		INJURY AT WORK?	28d. DESCRIBE HOW II	NJURY OCCUR	ED
DING PHYS After this of death with	ВУ	1 Natural 5 Pending 2 Accident Investigation	luskiour	lusk	uch 10	YES 2 NO	Subject.	5 much	٤
TTENDII TOR: A after de 28 Is	ED	3 Suicide 8 Could not be	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm,	atreet, factory, of	ffice	281. LOCATION (Street & City or Town, State)	and Number or F	Purel Poute Number,
OR ATTENDING PHYSICIAN: The law requires that the DIRECTOR: After this certificate has been signed by the hours after death with the State Dept, of Health and M Item 28 is marked, or Item 23 shows any Inji		M. CERTIFIED		home			208 Statting	1 Kead	Mayland
0 0 0 2	COMPLET	(Check only	N: To the beat of my know						
S A	Ö		Un the beets of examination	on end/or investigati	on, in my opinion			d due to the ce	suse(e) and menner as stated.
F 1 3 5	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	V	^		29c. LICENSE NUI			GNED (Month, Day, Year)
	2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETE CALLER OF	(1)	O-i-el	0.C.M.	Е.	P AUG	SUST 15,1994
- 1	.	The same and addition of Fension Will (CAUSE OF DE	EATH (TIEM 27) (Typ	, PTINE)				

111 Penn Street, Baltimore, Maryland 21201

DHMH-16 Rev 1/89

hours after death. Page 6 may be retained by the hospital or attending physician. And in the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

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lificate has been signed by the att	nows after death with the State Dept. of Health and Mental Hygien	TATE II item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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AND TITLE OF CERTIFIER

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31. DATE FILED (Month, Day, Year)

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	FOR 1 - STATE REGISTRAR	STATE OF I			RTMENT OF			MENTAL HYGIEN		} <u> </u>	1004
	1. DECEDENT'S NAME (First, Middle, Last)			HIII	ICATE OF	DEA	<u> </u>	REG. NO.		1.	THE OF OCUT.
	WALTER EDWARD	EDIC IC	Ch					MONTH BA		YEAR	TIME OF OEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lesi	t hirthday)	IF UNDER t YEAR	IF UNDER	1 24 UDC	AUGUST 1	4,19		14:39 P M
	217-34-7309	XX M 2 F	88	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year)		Country)	
	9e. FACILITY NAME (If not institution, give st			1710.	111			05-26-0			RMANY
œ					96. CITY, TOWN		11	ATH	9c. COU	INTY OF DEAT	H
5	208 STAFFORD	RD.			BA1	TIMO	DRE				
EC	10e. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN OR LOC	ATION				10	d. INSIDE CITY
DIRECTOR	MARYLAND				BA	LTIM	ORE	CITY		100	LIMITS? YES 2 NO
	10e. STREET AND NUMBER			-	1	of, ZIP COD	E		10g. CIT	IZEN OF WHA	
FUNERAL	208 STRATFO	RD RO	AD			2	1218	8		U.S.A	
N	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. ARI	MED	13. WAS DE	CENDENT C	OF HISPAN	HC ORIGIN? (Specify Yes	or No-	14. RACE	Americen Indian,
	1 Never Merried XX Married	FORCES?	MAR OR DATES	10		pecify Cube		n, Puerto Ricen, etc.)		Black, V Specify:	fhite, atc.
В	3 Widowed 4 Divorced					28.26	оросия			WI	HITE
15. OECEDENT'S EDUCATION (Specify only highest grade completed) (Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) SURGENT & TEACHER 16. KIND OF BUSINESS/INDUSTRY HEALTH CARE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme)											
Elementery/Secondary (0-12) College (1-4 or 5+) College (1-4 or 5+) Elementery/Secondary (0-12) College (1-4 or 5+) ELEMENTERY/Secondary (0-12) ELEMENTERY/Secondary (0-12) HEALTH CARE										8	
5 PLUS SURGENT & TEACHER HEALTH CARE											
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme)											
BE		OSEPH	LOCH				HELI	EN EISEN	IBER	G	
2	190. INFORMANT'S NAME (Type/Print) W.ERIC LOCH M.	D. (SO						O, BALTIMO			21218
	20e. METHOD OF DISPOSITION 1 □ Buriel 2 □ Crametion 3 □ Remo				OF DISPOSITION (City or Town	
	4 Donation 5 Other (Specify)	oval from State	DULA	NEY	VALLE	Y MA	US.	8-19 TIM	ONI	UM . MU	.21093
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME	ND ADDRE	SS OF FA	CILITY			
	KSY L					ENRY	RK I	JENKINS ROAD, BALT	ነ ሌ ነ TM በ	SON DF.MT	S 21212
	23. PART I. Enter tha diseesea, or c	omplications the	t caused the de-	ath Do r						-	
	ehock, or heart fallure. I	List only one cer	use on each line.		tot airter tria iii	oda oi dy	ing, suci	il se cardiac or raapi	ratory ar	rest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition	01	+ (1	' '	. 11		O			Onset and Death
	resulting in death)	Ellen	Ttorce	my	wies y	HE	-				
) DUE 10	(OR AS A CONSEC	UENCEJO	F): /		'				1
O	Sequentielly list conditions,	DUE TO	(OR AS A CONSEC	HENCE O	D.						
TA	If any, leeding to immediate cause. Enter UNDERLYING	502 10	(ON AS A CONSEC	DENCE O	r):						i
윤	CAUSE (Disease or Injury	OUE TO	(OR AS A CONSEC	UENCE O	FI:		-				
Ē	thet initiated events reaulting in death) LAST				. /-						ĺ
CERTIFICATION		·									
	PART II. Other aignificent condition	contributing to	daath but not re	eaulting	in the undarlyl	ng cause	given In	Part I. 24s. WAS AN PERFOR			RE AUTOPSY FINDINGS
2								1 VYES 2		CC	MPLETION OF CAUSE
AEC						/		1		1	YES 2 NO
ä	DID TOBACCO USE CONTR	RIBUTE TO CA	USE OF DEAT	TH YE	S NO	X UNC	ERTAIN	<u> </u>			X
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				TH (Check only one						
Sic	XXYES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER: 4 Nursing Ho	ne 5 X Re	sidence	8 Other (Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28e. DATE OF (Month, D		28b. TIM	E OF 28c. IN	JURY AT		28d. DESCRIBE HOW II	JURY OC	CURED	
ВУР	1 Natural 5 Pending	Inc. K.	turan	2.0	LOSA 1	YES 2	NO	Subject	8×	uch	-
	2 Accident sinvestigation 3 Suicide 8 Could not be	28e. PLACE C	PF INJURY — At hor etc. (Specify)			Ce	1	281, LOCATION (Street	nd Numbe	4.7	Number,
MPLETED	4 Homicide determined	ounding,	hom	0				208 Station	H Rac	of Bell	tuyel
빌	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the heat of			nd at the time 4-	e and elec-	and du-	to the ceuse(s) end men		10 10	4
ME	(Check only one) 2XXMEDICAL EXAMINE										d manner es stated

29c. LICENSE NUMBER

O.C.M.E.

Penn Street, Baltimore, Maryland 21201

29d. DATE SIGNED (Month, Day, Year)

AUGUST

DHMH-16 Rev 1/89

15,1994

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THE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a steer death. Page 6 may be retained by the hospital or attending physician.

A DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

It liem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. N	O.	
	1. DECEDENT'S NAME (First, Middle, Last) Rose		amm			2. DATE OF DEATH MONTH 22	DAY 1994	3. TIME OF OEATH 12:40PM M
	4. SOCIAL SECURITY NUMBER 2/2-07-0458	1 - M 2 - F	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
TOR	9a. FACILITY NAME (If not institution, give : STELLA RESIDENCE OF DECEDENT	MARIS			TIMORE		BAL:	OF DEATH TIMERE
DIRECTOR	10e. STATE 10b. COUNT	LTimore		TOWN OR LOCAT		UNITY		10d. INSIDE CITY LIMITS? 1 YES 2 ANO
FUNERAL	10e. STREET AND NUMBER	LANCY VA	Hey RD.	101	ZIP CODE	1204 MD	10g. CITIZEN	OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1. Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS OÉCEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR	2 NO		ecify, Cuban, Mexica	NIC ORIGIN? (Specify Y in, Puerto Ricen, etc.) y:	en or No- 14.	RACE — American Indian, Black, White, etc. Specify:
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT use	ork done during mo	st of working		QUER -	_
N E	17. FATHER'S NAME (First, Middle, Lest)		1704	v ow,			,	
BE CC	CHARLES 190. INFORMANT'S NAME (Type/Print)	LAMM					AGNO	
2		D . 'T' .	196. MAILING	ADDRESS (Street a		Route Number, City or To		
	1 esse Bo	BLITS	18/2	EASI				DON 21009 MD.
	Burial 2 Cremetion 3 Rem	noval from State	b. PLACE AND DATE O metery, crematory of oth Per - A	THEDRI	ni Cem	3/25 5	OCATION — City	nD-
	21. SIGNATURE OF FUNERAL SERVICE-LA	OD NZ	- 7	De LL	DADDRESS OF FA			2/202 md.
	23. PART I. Enter the diseases, or	complications that cause	the deeth. Do no	ot enter the mo	de of dving, suc	h as cardled or res	Diretory erreet	. Approximate
	ehock, or heart failure. iMMEDIATE CAUSE (Final disease or condition resulting in death)	Cancer	OF Endo	metriu				Interval Between Onset and Death
NO	Sequentielly list conditione,	b	A CONSEQUENCE OF					
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	C	A CONSEQUENCE OF					
CERTI	thet initiated events resulting in death) LAST	d,						
DICAL	PART II. Other significant condition	ts contributing to death	but not resulting in	the underlying	cause given in	PERF	N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
Z	Which I love	11/60/11/20				1 TYES	2 [_! NO	OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	/		16.83	ACE OF DEATH (Ch			
딣	EXAMINERY 1 YES 2 NO	HOSPITAL:	patient 3 (2 DOA	QTHER:	The second second			
Ě	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME	OF Z6c, INJ		8 Other (Specify) 264. DESCRIBE HOW	INJURY OCCUR	ED
	Natural 5 Pending	(Month Day, Year)	INJU	MO. MO.	RK7 /ES 2 NO		Autori	***
BY	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJUR	Y - At home, form, st	reet, factory, office		28f. LOCATION /Stree	t and Number or I	Tural Route Number
TED	4 Homicide determined	building, and ISo	e(oty)			City or Youn, Stat	e)	
COMPLET		SICIAN: To the best of my know						Buse(a) and menner as stated,
BE	29b. SIGNATURE AND TITLE OF CERTIFIE		>	, , , , , ,	29c. LICEYSE HU			GNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WE Eddie Nakhuda			ey RD.	Towson	n, Maryl	and 2]	1204
	31. DATE FILED (Month, Day, Year) AUG 9 3 1894	Jahr Diwotor	Reveall					

 BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within a first first for the most and the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERI	IFICA	IE OF	DEATH	1	REG	. NO.		
	1. OECEDENT'S NAME (First, Middle, Last) Mary Idella MI	LLER					2	2. DATE OF DEA MONTH AUG.	⁷ 4	1994	3. TIME OF DEATH 3:15 A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birtho	ley) IF UN	DER 1 YEAR	IF UNDER 24	HRS. 7	7. DATE OF BIRT	н	8. BIRTI	HPLACE (State or Foreign
3	214-22-9352	1 M 2 XF	66 YR	S. MONT	HS DAYS	HOURS	MIN.	(Month, Day, Ye		Count	77)
	9a. FACILITY NAME (If not institution, give	stmot and quarters		05.6	VTV TOWN	OR LOCATION		Apr. 1,			yland
~		,					OF DEAT	TH		COUNTY OF E	
0	1123 McHenry Dri	ve		G	len B	urnie			An	ne Arı	indel
ပူ	10a. STATE 10b. COUNT	v	100	CITY TOW	/H OR LOCA	TION					
<u> </u>		Arundel			Burni						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	Arunder		Tell							1 TYES 2 1 NO
MA I					100	. ZIP CODE			10g.	CITIZEN OF	WHAT COUNTRY?
FUNERAL DIRECTOR	1123 McHenry Driv	e				21061				U.S.	Α.
5	11. MARITAL STATUS		EVER IN U.S. ARMED YES 2 XNO					ORIGIN? (Speci Puerto Rican, at		- 14, RAC	E — American Indian, k, White, atc.
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WA		1		27 NO		r derito incent, at	·.,	Spec	
		1								Whi	te
E	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a, DECEDEN (Give kind	T'S USUAL	ne during mo	ON est of working		16b. KIND O	F BUSINESS	INDUSTRY	
Ë	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NO	OT use retire	id.)						
MP	12		Homen	aker				Home	makin	g	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER	R'S NAME	(First, Middle, M	aiden Surnan	ne)	
BE (George		WILL			Vict	coria	а		CHU'	ΓE
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAII	ING ADDR	ESS (Street a	and Number or	Rural Rou	ite Number, City o	or Town, State	, Zip Code)	
۲	Lois Ann Craig		1123	McH	enry	Drive	G1	en Burn	ie, M	D 21	061
	20g, METHOD OF OISPOSITION 1 X Burlal 2 Cremetion 3 Rem		20b. PLACE AND DA			ime of		OATE 20	c. LOCATION	l — City or To	rwn, State
	4 Donation 5 Other (Specify)	ioval from State	Crestlaw	or other pla n Ga	rs. o	f Memo	orv 8	8/24 M	larric	tsvil	le, MD
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. NAME AI	ND AOORESS	OF FACIL	JTY			
	I m	1/20						al Home	-		
\vdash	" reaf	o co ca	ran					Avenue			, MD 21229
	23. PART I. Entar the diseases, or ehock, or heart feilure. IMMEDIATE CAUSE (Final	List only one caue	e on aach iine.	o not en	iter the mo	ae or aying	J, auch a	na cardiac or	reapiratory	arrest,	Approximate interval Batwean Onset and Death
	disease or condition resulting in death)	DUE TO (C	OR AS A CONSEQUENCE	D-a	ver	~	160	LUTS	nua		Donald
z		b.					0				
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate	OUE TO (C	OR AS A CONSEQUENC	E OF):							
\ \delta \	ceuse. Entar UNDERLYING CAUSE (Disease or injury	c									
띹	that initieted evente	OUE TO (C	OR AS A CONSEQUENC	E OF):							
H	resulting in death) LAST	d									
	PART ii. Other significent condition	ne contributing to d	eeth but not requiti	na in the	underlyle	n course obs	on in Do		S AN AUTOF		
EDICAL	Cecebreves		0 6	ng m the	undanym	a cause div	en in re	PE PE	RFORMEO?	SY 240	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	Col & Di esser	MARC	idea.					_ 1 D Y	ES 2 NO)	COMPLETION DF CAUSE DF OEATH?
Σ									- (1 TYES 2 NO
ä	DID TOBACCO USE CONT	RIBUTE TO CAU	ISE OF DEATH	YES [NO [UNCER	RTAIN				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF I	_							
lS	1 TYES 2 NO		ER/Outpatient 3 🗆 DO	A 4 D		a 5 Rasid	lence 6	Other (Specify)		
H	27. MANNER OF DEATH	26a. DATE OF IN		TIME OF INJURY	26c. INJ	URY AT	2	8d. DESCRIBE	IOW INJURY	OCCURED	
BY	Natural 5 Pending Accident Investigation		,,	M		rES 2 N	10				
	3 Suicide 6 Could not be	28s. PLACE OF building, at	INJURY — At home, fer	m, street,	lectory, offic		21	8f. LOCATION (S		mber or Rural I	Route Number,
ETED	4 Homicide detarminad	bulluling, at	с. (эрвсну)					City or Town,	State)		
빌	29a. CERTIFIER CERTIFYING PHYS	CIAN: To the heat of m	y knowledge, death oc	urrad at th	a fima deta	and place on	ed due de	the source(s) on			
COMPL											a) and menner se stated,
8	MUNATURE AND TITLE OF CERTIFIE	_	- 0		, , , , , , ,						
H	AND THE OF CENTIFIE	n ho	4	ma		29c. LICENS	SE NOMBE	ER)	29d.	DATE SIGNED	(Month, Day, Year)
2	MA HAM AND ADDRESS OF PERSON WE	O COMPLETED CAPE	OF SEATH (ITEM 27)	ina Court		7)	01	721		-617	417
	DR. RUSSELL R.	DeLUCA -	CRAIN TOL	ERS	- 160	O CRAT	N SI	ULTE 41	0 CI E	יא אוים. אים זוק	1 21061 NIE, MD.
	31. DATE FILED (Month, Day, Year)			LILD	100	UMI	-41 11.	LGHWAI	- GLE	TA DOK	ALE, FID.
	AUG 2 3 1994	32. RIGISTAR	or Karball								

6.00

TO THE HOSPITAL DR ATTE TO THE FUNERAL DIRECT be filed within 72 hours IMPORTANT: If Item 22

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
BRIAN COYNE, CAPT, USAF, MD

324 REGISTRAR'S DIGNATURE

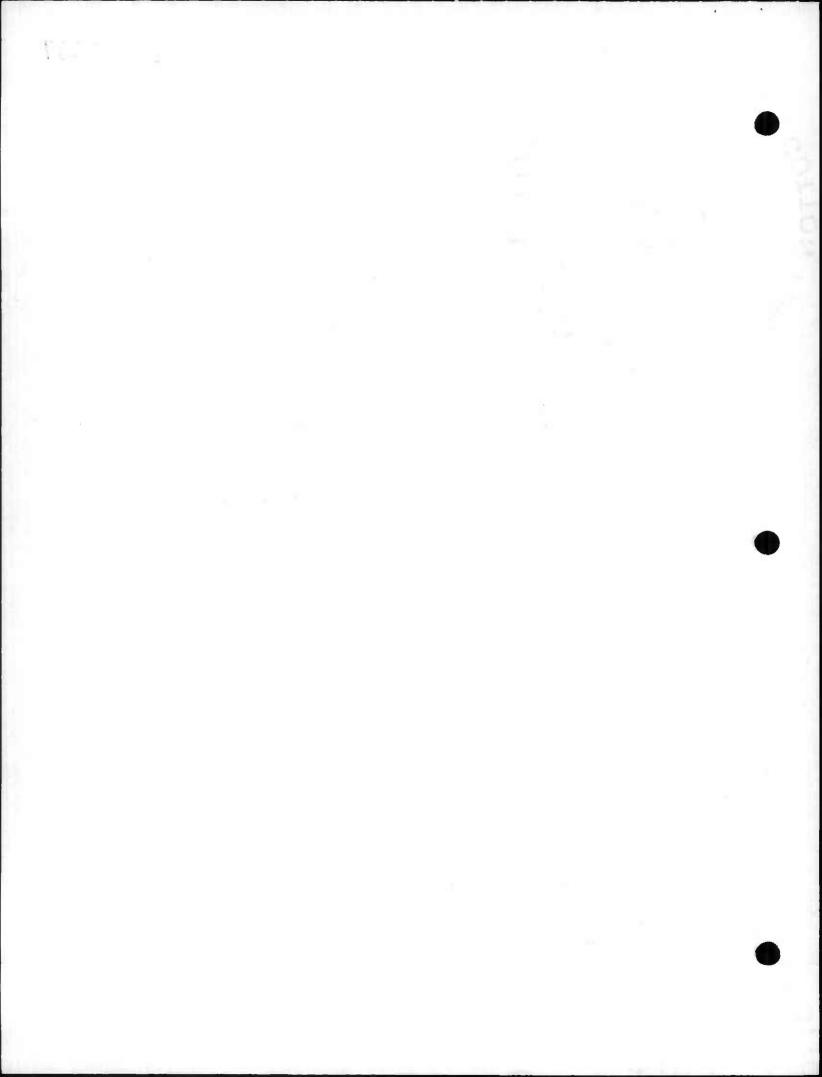
31. DATE FILED (Month, Day, Year) AUG 2 3 1994

SINCE OF MANIA SHOULD CHART OF DEATH AND CARD THE CONTROL NO. SECRET AND NAME For MANIA LEGY S. AGE (in you lard routed) S. OUT (In the Control of		FOR		. =							3	4 (24001
ANNA MILLER		1 _ STATE	STATE OF M						MENTA				
## ACCUST VAME (if not nutrition, one since an animal of the properties of the prope										OF DEATH DEATH DEATH	9 19	9 4EAR	
NACIOT MAKE (FOR teathers, per time and controls) Sec. CTY, TOWN ON LOCATION OF DEATH P. G. COUNTY OF BEATH P. G. COUN									(Mont	th, Day, Year)	36	Countr	γ)
St. STITEST AND MARRIER 2452 Apple Blossom Lane # 302 1113 13 WS OCCIDENT FOR HIGH COUNTRY U.S. APPLE 2452 Apple Blossom Lane # 302 1113 13 WS OCCIDENT FOR HIGH COUNTRY U.S. APPLE 15 WS	OR	Malcolm Grow AFE								10,17.	9c. COU	NTY OF D	
St. STITEST AND MARRIER 2452 Apple Blossom Lane # 302 1113 13 WS OCCIDENT FOR HIGH COUNTRY U.S. APPLE 2452 Apple Blossom Lane # 302 1113 13 WS OCCIDENT FOR HIGH COUNTRY U.S. APPLE 15 WS	IRECT	10a. STATE 10b. COUNT	γ					ION					LIMITS?
DEPOTENTIAL CONTRIBUTE TO CAUSE OF DEATH YES 100 Specify Tailwanes or respiratory arrest. Total Contribution Contribution		10e. STREET AND NUMBER	som Lane	# 302			10f				1		
Summertery/Secondary (0-12) Tourney (1) Costege (1-4 or 5-1) Tourney (1-4 or 5-1)		11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARI	MED O		Il yes, spe	cify Cuban, Maxice	n, Puerto		or No-	Black Speci	k, Whita, atc.
TO LUI CIEIT The INFORMAT'S MARE (TyperPrint) The INFORMAT'S MARE (TyperPrint) The INFORMAT'S MARE (TyperPrint) The INFORMAT'S MARE (TyperPrint) The INFORMAT'S MARE (TyperPrint) The INFORMAT'S MARE (TyperPrint) The Information is a second to the control of the Information is a second to the control of the Information is a second to the control of the Information is a second to the control of the Information is a second to the control of the Information is a second to the control of the Information is a second to the control of the Information is a second to the control of the Information is a second to the	PLETED	(Specify only highest grade	completed)	(Gh	ve kind of w Do NOT us	vork done e retired.)	CCUPATIO during mos	on st of working	168	o. KIND OF BU	SINESS/INI		and se
No. Matthewal Address (Street and Number of Part Rivote Number; City or Rem. State, 7g Code)		Fo Lui Chen								Middle, Malden	Sumeme)		
The properties Comment of the properties Carte of Heaven Cemetery 8/22 Silver Spring, Md		Page 1996. INFORMANT'S NAME (Type/Print) 1906. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2452 Apple Blossom Lane # 302, Odenton, Md. 21113											
Approximate shock, or heart feliure. List only one cause on each line. Image: shock or heart feliure. List only one cause on each line. Image: shock or heart feliure. List only one cause on each line. Image: shock or heart feliure. List only one cause on each line. Image: shock or heart feliure. List only one cause on each line. Image: shock or heart feliure. List only one cause on each line. Image: shock or heart feliure. List only one cause on each line. Image: shock or heart feliure. List only one cause on each line. Image: shock or heart feliure. List only one cause on each line. Image: shock or heart feliure. List only one cause on each line. Image: shock or heart feliure. Image: shock or		15 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		cemetery, crer	natory or ot	aven aven	Cem	etery	8/22 CILITY	Sil	ver S	prin	g, Md
IMMEDIATE CAUSE (Fine)		23. PART I. Enter the diseases, or	complications that	coused the de	Do n	An	napo	lis.Md.	21401	1			Approximate
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PREFORMED? 1		IMMEDIATE CAUSE (Finel disease or condition	. MULTIP	LE CANCE	ER SY	NDRO	OME_						Onset and Death
PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1	ICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PREFORMED? 1	ERTIF		d	OR AS A CONSEO	UENCE OF	·):							
National National		PART II. Other significant condition	ns contributing to c	deeth but not re	eauiting i	n the ur	nderiying	ceuse given in	Part I.	PERFOR	RMED?	24b	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Natural Natu	IAN: N	25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE	TO CAU	SE OI	F DEA	_			ne)			TO YES ZONO
National National	YSIC	t VES 2 NO	t 🖾 Inpatient 2 🗆		□ DOA			e 5 ☐ Raeldenca	6 🗆 Othe	or (Specify)			
4 Homicide determined determined determined building, etc. (Specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) AUGUST 19, 1994		1 Netural 5 Pending 2 Accident Investigation	(Month, Day	y, Year)	INJ	URY M	1 🗌 Y	RK? 'ES 2 NO					
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Your) AUGUST 19, 1994	ETED.	4 Homicide determined	building, e	rtc. (Specify)					City	or Town, State)			Route Number,
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Your) AUGUST 19, 1994	OMPL	(Check only 1 CERTIFYING PHYS											e) and manner as stated.
		296. SIGNATURE AND TITLE OF CERTIFIES	C-5	Mer	D			29c. LICENSE NUI	MBER				

MALCOLM GROW MEDICAL CENTER

ANDREWS AFB, MD 20335-6600

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BALTIMORE, MARYLAND 21215-0020

was after death. Page 6 may be retained by the hospital or attending physician.

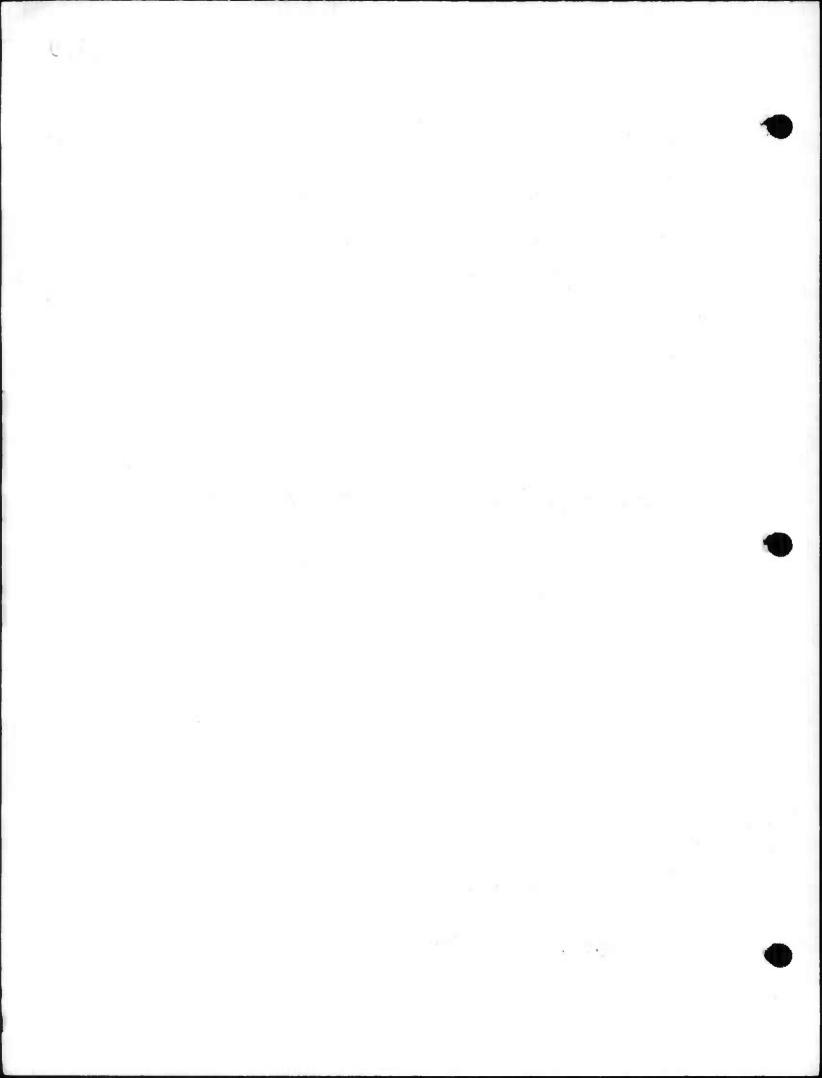
The funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL MITENDING PHYSICIAN: The law requires that the death cardificate be executed with the modern to the modern than the death cardificate be executed with the modern than the mod

OR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
EGISTRAR	CERTIFICATE OF DEATH	REG. NO.
EDENT'S NAME (First Middle act)		4 0475 05 054711

	1. DECEDENT'S NAME (First, Middle, Las		CERTIFIC	12747177	2. D	REG. NO.	A 4-7-	3. TIME OF DEATH			
		P	TIM	CHELL	0,5	8 ^{NTH} 2 6 ^{NV}	94EAR	12:50 PM			
	4. SOCIAL SECURITY NUMBER 212 74 9233	1 🗌 M 2 💢 F	87 YRS. MC	ONTHS DAYS HOURS	Ju.	ATE OF BIRTH Month, Day, Year) 1y 5, 190	07 Cour	Maryland			
СТОВ	90. FACILITY NAME (If not institution, give street and number) NORTH ARUNDEL HOSPITAL ASSOCIATION BESIDENCE OF DECEMENT 90. COUNTY OF DEATH A.A. COUNTY RESIDENCE OF DECEMENT										
DIRE	Maryland 10b. cou		10c. CITY, 1	TOWN OR LOCATION	Glen B	urnie	10d. INSIDE CITY LIMITS? 1 TYES 2 NO.				
FUNERAL	100. STREET AND NUMBER 7989 Solley RO	d.		101. ZIP COL	^{D€} 21060			States			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT If yes, specify Cub 1 YES 2 NO	an, Mexican, Pue		Ble	CE — American Indian, ock, White, etc.			
LETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		16e. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during most of work	ing	16b. KIND OF BUSI		55			
COMPLET	5		Home	maker			Dome	stic			
-	17. FATHER'S NAME (First, Middle, Last) Frederick		Hahn	18. MO	ther's name (Fi	irst, Middle, Maiden Si h	'umame)	Duva:			
BE	19a. INFORMANT'S NAME (Type/Print)			DRESS (Street and Number			State, Zip Codel	Dava.			
임	198. INFORMANT'S NAME (Type/Print) 199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7991 Solley Rd., Glen Burnie, MD 21060										
	20c. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Removal from State 4 Denation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other place) Glen Haven Memorial Park 8/23/94 Glen Burnie, MD										
	UDS-1429/Sept 2011/2012/	re. List only one cause on	each line.	enter the mode of d	ying, such	Rd., Pasa	ntory arrest,	Approximate interval Bets			
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inliteted events resulting in death) LAST	B. OUE TO (OR AS	Aconsequence of:	enter the mode of de	ying, such as	ally of all y	efory arrest,	Approximate Interval Bets			
: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	B. DUE TO (OR AS	A CONSEQUENCE OF:	re Hea Carchion	ying, such	any of athy	urropsy 24	Approximate Interval Bette Chaset and E Chas			
AN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condit	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	aconsequence of: A CONSEQUENCE OF: A CONSEQUENCE OF: but not resulting in	the underlying couse	ying, such	ethy I. 24a. WAS AN A PERFORM 1 VES 2 8	urropsy 24	Approximate Interval Bette Chaset and E Chas			
SICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent condit	DUE TO (OR AS	aconsequence of: A CONSEQUENCE OF: A CONSEQUENCE OF: but not resulting in	the underlying ceuse 26. PLACE OF THER: Nursing Home 5 F	given in Part	E. 24e. WAS AN A PERFORM 1 VES 2 2	STORY STREET, WITOPSY MED2	Approximate Interval Bette Chaset and E Chas			
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condit EXAMINER? 1 YES 2 100 27. MANNER D DEATH Meturn 5 Pending Investigation	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	a CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A but not resulting in the consequence of the c	the underlying ceuse 26. PLACE OF STHER: Nursing Home 5 F OF WORK? M 1 YES 2	given in Part DEATH (Check on Realdence 8 0 28d.	I. 24a. WAS AN A PERFORM 1 YES 2.7	UTOPSY 24 MED2 JURY OCCURED	Approximate Interval Bets Object and E Conse			
ETED BY PHYSICIAN: MEDIC	Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions are successful to the conditions of the conditions of the cause of the	DUE TO (OR AS DUE TO	a consequence of: A consequence	the underlying ceuse 26. PLACE OF THER: Nursing Home 5 F WORK? M 1 YES 2	DEATH (Check on 28d.	I. 24a. WAS AN A PERFORM 1 YES 2 2	JURY OCCURED	Approximate Interval Bets Object and E Conse			
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ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS DUE TO	a consequence of: A consequence of: A consequence of: A consequence of: B A consequence of: B DOA 4 Y 26b. Time of injury RY — At home, farm, strepocity) owledge, death occurred of the and/or investigation,	the underlying ceuse 26. PLACE OF PTHER: Nursing Home 5 F WORK? M 1 YES 2 set, factory, office at the filme, date and place in my opinion, death occur	given in Part DEATH (Check on Residence 8 0 28d.	I. 24a. WAS AN A PERFORM 1 YES 2 A Other (Specify) DESCRIBE HOW IN. LOCATION (Street an City or Town, Stete) e cause(a) and menn data and place, and	JURY OCCURED and Number or Rura are es stated. dua 10 the cause 29d. DARE SIGNE	Approximate Interval Bets Object and E Conse			

DALIMORE, MARILAND 21203-3140	rSJCIAN: The law requires that the death certificate be executed within 24-mons after death. Page 6 may be retained by the hospital or attending physician.	; certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DISION OF VITAL RECORDS, P.O. BOA 13149,	TO THE HID TIME OR AT ENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FIGURATION TO THE AMERICAN STATE THIS CERTIFICATE has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours and death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT I name is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL	HYGIEN	E			
i	1. DECEDENT'S NAME (First, Middle, Last)	1 Mac	Kenzie			2. DATE O	F DEATH	- 92	EAR 3.	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 218-42-1585	1 - M 2 KF	(In yrs. lest birthdey) # Mod	1 birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF					or BIRTH th, Day, Year) 8. BIRTHPLACE (State or Foreign Country) Maryland		
OR	9a. FACILITY NAME (If not institution, give str Mercy Hospital		96		O.City,			9c. COUNTY	OF DEAT		
DIRECTOR	nesidence of decedent 10a. STATE 10b. COUNTY Maryland		7213	own or locat		LIMITS			d. INSIDE CITY LIMITS? Tyes 2 - No		
FUNERAL	100. STREET AND NUMBER	Washingto	n Blvd.	101	21230					t country? States	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	It yes, sp	ENDENT OF HISPAN scify Cuben, Maxica 2 NO Specify	n, Puerto Al		or No— 14	RACE — Black, W Specify:	American Indian, Thita, atc. White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 7th.Grade	CATION completed) Cotlege (1-4 or 5+) None	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re Factor	done during mo tired.)	st of working	16b.		CO.	TRY		
N N	17. FATHER'S NAME (First, Middle, Last)	Wolle	140001	y WOL	18. MOTHER'S NA	ME (First, M	liddle, Maiden	Sumame)			
		ohn	MacKenzi	е	Mary	Ann		1cDon	ough	n	
H	19a. INFORMANT'S NAME (Type/Print)	-			nd Number or Rural I						
임	Christine R.Wie	eseckel	1148	Wash:	ington	Blvd	.Balt	co.Md	. 21	230	
	20e. METHOD OF DISPOSITION 11X Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State	HOLY Cro	es Cer	metery,		/94		A.Co	o.Md.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	Million	McCully Fune					Lto.Me ,130			
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, but TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CERTIF	CAUSE (Disease or Injury that initieted events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF):								
MEDICAL	PART ii. Other significent condition	s contributing to death I	but not resulting in t	resulting in the underlying ceuse given in Pr			Part I. 24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO			ERE AUTOPSY FINDINGS MAILABLE PRIOR TO DMPLETION OF CAUSE F OEATH? YES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	eck only on	o)				
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		THER:	ne 5 🗆 Residence	6 🗆 Other	(Specify)				
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WO	JURY AT ORK? YES 2 NO	28d. DES	CRIBE HOW	NJURY OCCU	RED		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stre	et, factory, offic	•		ATION (Street or Town, State)	and Number or	Rural Rou	te Number,	
COMPLETED	CONSCI ONLY	CIAN: To the best of my known								nd manner as stated.	
TO BE CO	29b. SGNATURE AND TITLE OF CENTIFIES	oh 9MO)		29c. LICENSE NU	MBEA		29d. DATE 5	ISINEO (N	GL/	
F	30. NAME AND ADDRESS OF PERSON WHI	o completed cause of o			un Pla	cei	Bal	5 M	20	1202	
	AUG2 3 1994 844	THE STREET BUTCHES	tarly.								



68760, BALTIMORE, MARYLAND 21215-0020 secured within 25 hours after death. Page 6 may be retained by the hospital or attending physician.

NEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should thin 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunfal, cremation, or removal.

NT: It flem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notitied at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760. JSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

_	REGISTRAR		CENTI	FICATE	OF DEATH	REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Las					2. DATE OF DEATH	AY 1004YE	3. TIME OF DEATH		
	IDA June	MYERS 5. SEX 6.	105 (to to 114)			AÜĞÜST 20°				
- 1	216-32-2995	1 M M XXF	AGE (In yrs. lest birthday 58 YRS.		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month Dec Year) 11/5/193	0.E	BIRTHPLACE (State or Foreign Country)		
	9s. FACILITY NAME (If not institution, giv		30	95 CITY	TOWN OR LOCATION OF D			aryland		
۳ ا	THE JOHNS HOPKIN				TIMORE CIT		9c. COUNTY	OF DEATH		
ا 5	RESIDENCE OF DECEDENT	13 11031 1 TAL		DAL	TITIONE CIT					
DIRECTOR	10e. STATE 10b. COU	NTY		ITY, TOWN OR				10d. INSIDE CITY		
	Maryland			salto	.City,Md.			1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 215 N.Luzerne	7,110			tor. ZIP CODE	4		OF WHAT COUNTRY?		
빌	11. MARITAL STATUS	12. WAS DECEDENT E	USS IN II S A SHEES					d States		
	1 Never Merried 2 Merried	FORCES? 1	YES 2. NO	If	AS DECENDENT OF HISPA yes, specify Cuban, Mexic	en, Puarto Ricen, etc.)		RACE — American Indian, Black, White, etc.		
B	3 Widowed 4 Divorced	IF TES, GIVE WAR	ON DATES: 121	1	YES 2 XNO Spec	fy:		specify: White		
COMPLETED	15. DECEDENT'S E (Specify only highest gra		18e. DECEDENT	'S USUAL OCC	CUPATION	16b. KIND OF BU	SINESS/INDUST	RY		
9	12th.Grade	College (1-4 or 5+)			ring most of working	0 7	Tom o			
ξ			Homen	laker		Own H				
	17. FATHER'S NAME (First, Middle, Last) Samuel	L A. Na	ylor		18. MOTHER'S N.	AME (First, Middle, Maiden		0 11 4 0		
BE	19e. INFORMANT'S NAME (Type/Print)	11. 110		O ADDRESS /	Street and Number or Rural	June		erts		
임	Mr.Donald V.My	yers ,Sr.			zerne Av					
	20e. METHOD OF DISPOSITION		20b. PLACE AND DAT	E OF DISPOSIT	ION (Name of	DATE 20c. LC	CATION — City	or Town, State		
	**EXBuriel 2 Cremetion 3 Re 4 Donetion 8 Other (Specify)	movel from State	°HO1°Y"HI	oreines N	Mem.Park	8/25/94 E	Balto.	Co. Md.		
- 1	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1	22. N/	AME AND ADDRESS OF F	Balto	.Md.	21230		
	1 Mariel	2.1/2.	, lon	McC	Cully Fun	eral Home	,130	E.Fort Ave		
	23. PART I. Enter the diseases, of	r complications that one. List only one cause	fueed the death. Do					Approximate		
	IMMEDIATE CAUSE (Finel	e. List billy blie ceuse	on each line.					Interval Between Onset and Death		
	disease or condition resulting in death)	e. Pulmona DUE TO (OF	ru hemor	rhage				30 min.		
		Α.								
S S	Sequentleily liet conditions,	b. COAQUO	AS A CONSEQUENCE	OE):				2 days		
RTIFICATION	If any, leeding to immediate cause, Enter UNDERLYING	· Heart for		. ,.				3 WKS.		
	CAUSE (Disease or Injury thet initieted events	♠ DUE TO (OR	AS A CONSEQUENCE	OF):						
CERT	resulting in deeth) LAST	a Cardiac	artery dis	ation				8yrs. 8yrs.		
	PART II. Other significent conditi	one contributing to de	ath but not resulting	In the und	erlying ceuse given in	Part I. 24m, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
EDICAL	Immunosuppres					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
			, , , , , , , , , , , , , , , , , , ,					OF DEATH?		
Σ.	DID TOBACCO USE CON	TRIBUTE TO CAUS	E OF DEATH	ES N	O 回 UNCERTAI	NO				
₹ S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL	26. PLACE OF DE	_	ly one)					
PHYSICIAN:	1 TES 2 NO	HOSPITAL: t ☑ inpetient 2 ☐ EF	/Outpetient 3 🗆 DOA	OTHER:	g Home 5 🗆 Residence	6 Other (Specify)				
	27. MANNER OF DEATH 1 V Netural 5 Pending	28e. DATE OF INJ (Month, Day,)		ME OF 2	8c. INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCURE	D		
5	2 Accident Investigation			M	1 YES 2 NO					
3	3 Suicida 6 Could not b 4 Homicide determined	building, efc.	JURY — At home, farm (Specify)	, street, factor	y, office	28f. LOCATION (Street City or Town, State)	end Number or Ri	ural Route Number,		
<u>.</u>	29a. CERTIFIER 1 V CERTIFYING PHY	(DICHAN) To do a series				71 Par 10 Par 10 Par 10 Par 10 Par 10 Par 10 Par 10 Par 10 Par 10 Par 10 Par 10 Par 10 Par 10 Par 10 Par 10 Par				
COMPLETED		SICIAN: To the best of my NER: On the beele of exemi						use(s) and manner se stated.		
	29b. SIGNATURE AND TITLE OF CERTIF				29c. LICENSE NU					
4	Sherita a line	MD			M6279	moen.	► a/2	NED (Month, Day, Year)		
2 ∦	30. NAME AND ADDRESS OF PERSON	VHO COMPLETED CAUSE C	F DEATH (ITEM 27) (Typ	oe, Print)	1.00017		0/2	0/44		
	Dr. Sherita A. Hill				ower Doctor	stolense P	bath. MD	21267		
	31. DATE FILED (Month, Day, Year)	22. REGISTRAR'S	SIGNATURE '	4 1,		3				
I	Alico 3 1994 X	MY KNIMMATOLIV	TO BUY							

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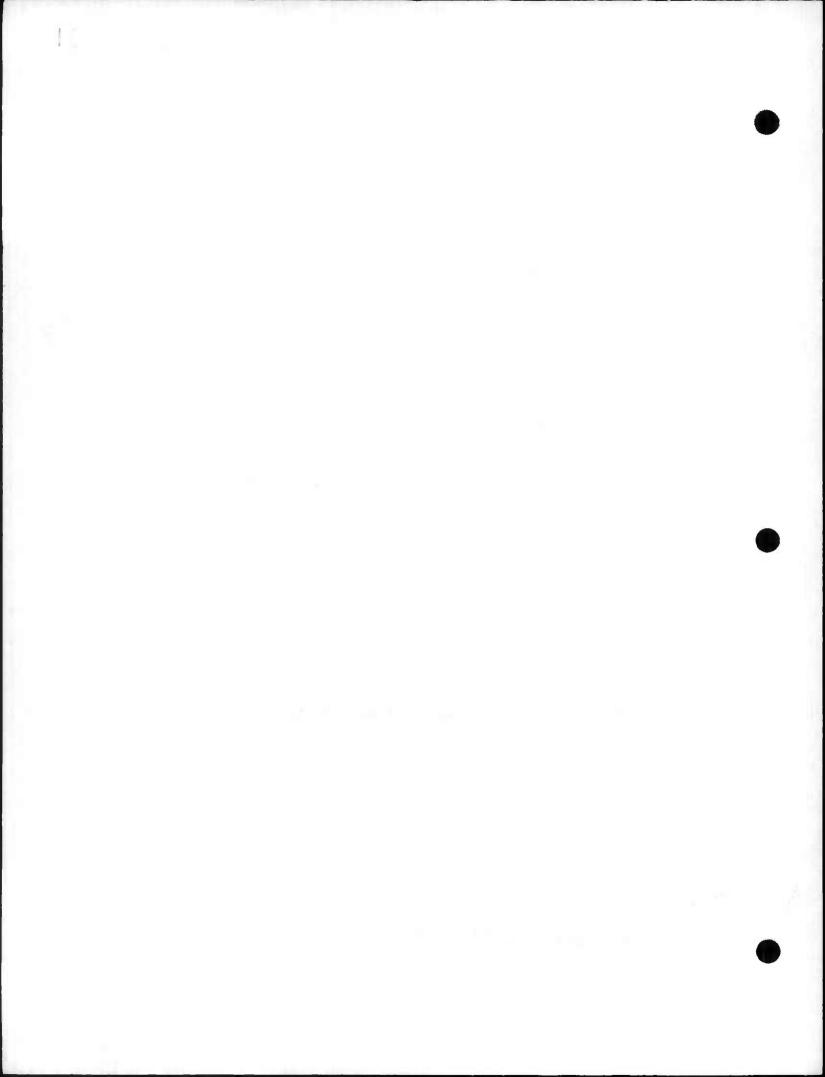
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SION OF VITAL RECORDS, P.O. BOX 6876	
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ding physician.	s the burial-transit permit, Pages 1, 2, 3 should	
after death, Page 6 may be retained by the hospital or atte	by the funeral director, page 5 should be detached for use a smoval.	ical examiner must be notified at once.
NOING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	is is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ENDING PHYSICIAN: The law n	R. After this certificate has be	8 is marked, or item 23 s

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM				GIENE					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE		WE 4.5	3. TIME OF DEATH			
	ROBERT G.		McPHAIL			монтн 8	19	YEAR 94	м			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In ye		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI		8. BIRTH Count	IPLACE (State or Foreign			
	Z1/~/0~Z1Z0		32 YRS.	NTHS DAYS	HOURS MIN.				ryland			
	9e. FACILITY NAME (If not institution, give stre		96	Baltin	R LOCATION OF DE			DUNTY OF D				
5	2307 Barclay Stre	N/A										
<u> </u>	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY. TO	OWN OR LOCAT	ION				10d. INSIDE CITY			
DIRECTOR	MD N	/A	101	timore				LIMITS?				
	10e. STREET AND NUMBER	/ * *	Dai		ZIP CODE		10a C	ITIZEN OF	1 X YES 2 NO			
FUNERAL	2207 Panalan Shan				21210							
S	2307 Barclay Stre	12. WAS DECEDENT EVER IN U.S	S. ARMED	13. WAS DECI	21218 ENDENT OF HISPAN	IC ORIGIN? (Spi		J.S.A.				
	1 Never Merried 2 Married	FORCES? 1 YES 2		If yes, spe	ecify Cuban, Mexican 2 ☑ NO Specify.	, Puarto Rican,		Blac	E — American Indien, k, Whita, atc.			
ВУ	3 Widowed 4 Divorced				X · · · · · · · · · · · · · · · · · · ·			5,550	Black			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION 18. ompleted)	a. DECEDENT'S USL	JAL OCCUPATIO	N el of working	16b. KIND	OF BUSINESS/	INDUSTRY				
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)	ar or working							
MP	12th	N/A	N/A			N	/A					
8	17. FATHER'S NAME (First, Middle, Last) R.G. MCPHAIL				18. MOTHER'S NAM)				
BE					- 4	E. Owen						
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street ar	nd Number or Rural R	loute Number, Cit	y or Town, Stete,	Zip Code)				
	R.G. McPhail		2307 Ba	rclay S	Street/Ba							
- 0	20e. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Ramov	ral from Stata cemeter	ACE AND DATE OF D	place)			20c. LOCATION		own, Stata			
	4 Donation 5 Other (Specify)	Vos	hell Mem	orial (Dundall	c, MD				
	21. SIGNATURE OF FUNERAL SERVICE LICE	MISEE			D ADDRESS OF FAC		λCV					
- 8	MARCH FUNERAL HOME EASY 1101 E. NORTH AVE. /BALTIMORE, MD											
	23. PART I. Enter the diseases, or co	emplications that caused th	a daath. Do not	anter tha mo	da of dying, such	aa cardlac D	r reapiratory	arreat,	Approximata Interval Between			
	ehock, pr heert failure. List pnly one ceuse pn eech tina. IMMEDIATE CAUSE (Final disease or condition											
	disease or condition resulting in death) a. RCN/L Insufficiency DUE TO (OR AS A CONSCOUENCE OF):											
	a.	DUE TO (OR AS A CO	INSEQUENCE OF):		····				Zucon's			
	Diahetes /											
Z		Diahetes	Sequentially list conditions, DUS TO (OR AS A CONSCIUENCE OF).									
TION	if any, leading to immediate	DUE TO (OR AS A CO	INSEQUENCE OF):	*					19003			
ICATION		Anemia		•					1993 topo			
TIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO							1993 topo			
SERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Anemia		-					1993 topo			
AL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	INSEQUENCE OF):	ha underlying	, causa given în l	Part I. 24a.	WAS AN AUTOPS		1993 to ga			
A L	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	INSEQUENCE OF):	ha underlying	g causa given in i		PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
A L	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	DUE TO (OR AS A CO	onsequence of):						AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
A L	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	DUE TO (OR AS A CO	onsequence of):				PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
A L	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions DID TOBACCO USE Construction of the condition	DUE TO (OR AS A CO	onsequence of):	EATH Y			PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
A L	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditiona DID TOBACCO USE CO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A CO DUE TO (OR AS A CO CONTRIBUTE TO CA	not resulting in the	EATH Y	ES NO	ck only one)	PERFORMED? YES 2 M NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
A L	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditiona DID TOBACCO USE CO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A CO PUE TO (OR AS A CO DUE TO (OR AS A CO CONTRIBUTE TO CA HOSPITAL: Impetient 2 CAPACULIPATION 28a. DATE OF INJURY	not resulting in the state of D	28. PL THER: Nursing Home F 28c. INJI	ES NO ACE OF DEATH (Che 5 Realdenca	ck only one) B Other (Spe	PERFORMED? YES 2 M NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditiona DID TOBACCO USE CO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR AS A CO DUE TO (OR AS A CO CONTRIBUTE TO CA HOSPITAL: Inpatient 2 PER/Outpetle	not resulting in the state of D	EATH Y 28. PL THER: Nursing Home F 28c. INJU	ES NO ACE OF DEATH (Che	ck only one) B Other (Spe	PERFORMED? YES 2 M NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditiona DID TOBACCO USE CO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO CONTRIBUTE TO CA HOSPITAL: Inpatient 2 PER/Outpetla 28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY -	not regulating in the state of DOA OT OT OT OT OT OT OT	28. PL THER: Nursing Hom WOI M 1 7	ES NO ACE OF DEATH (Che o 5 Realdenca	ck only one) 8 Other (Specaled Describe)	YES 2 NO	OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditiona DID TOBACCO USE CO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO (OR AS A CO PLE TO (OR AS A CO DUE TO (OR AS A CO CONTRIBUTE TO CA HOSPITAL: 1 Inpetient 2 VER/Cutpetia 28a. DATE OF INJURY (Month, Day, Year)	not regulating in the state of DOA OT OT OT OT OT OT OT	28. PL THER: Nursing Hom WOI M 1 7	ES NO ACE OF DEATH (Che o 5 Realdenca	ck only one) B Other (Spe- 28d. DESCRIBI	YES 2 NO	OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditiona DID TOBACCO USE CO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO (OR AS A CO PLYNIA DUE TO (OR AS A CO CONTRIBUTE TO CA HOSPITAL: Impettent 2 (MER/Outpette 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — building, stc. (Specify)	AUSE OF D 28b. TIME OI INJURY At home, ferm, strea	EATH Y	ES NO ACE OF DEATH (Che 5 Realdenca 17 RK? 18 2 NO	ck only one) 8 Other (Spe- 28d. DESCRIBI 28t. LOCATION City or Tow	YES 2 NO	DCCURED ber or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditiona DID TOBACCO USE CO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 29 Accident Suicide 8 Could not be determined	DUE TO (OR AS A CO PLYNIA DUE TO (OR AS A CO CONTRIBUTE TO CA HOSPITAL: 1 Inpetient 2 PER/Outpetia 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — building, stc. (Specify)	AUSE OF D at home, ferm, stree	EATH Y	ES NO ACE OF DEATH (Che 5 Realdenca 17 RK? YES 2 NO and place, and dua	ck only one) B Other (Spe- 28d. DESCRIBI 28t. LOCATION City or Tow	YES 2 NO city) E HOW INJURY ((Street and Num., State)	DCCURED ber or Rurel I	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,			
COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditiona DID TOBACCO USE CO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER.	DUE TO (OR AS A CO PLYNIA DUE TO (OR AS A CO CONTRIBUTE TO CA HOSPITAL: Impettent 2 (MER/Outpette 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — building, stc. (Specify)	AUSE OF D at home, ferm, stree	EATH Y	ES NO ACE OF DEATH (Che 5 Paeldenca URY AT RK? (ES 2 NO and place, and dua	ck only one) B Other (Spe- 28d. DESCRIBI 28t. LOCATION City or Tow to the cause(a)	YES 2 NO City) E HOW INJURY ((Street and Num., State) and manner as a	DCCURED ber or Rural stated.	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,			
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditiona DID TOBACCO USE CO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 29 Accident Suicide 8 Could not be determined	DUE TO (OR AS A CO PLYNIA DUE TO (OR AS A CO CONTRIBUTE TO CA HOSPITAL: 1 Inpetient 2 PER/Outpetia 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — building, stc. (Specify)	AUSE OF D at home, ferm, stree	EATH Y	ES NO ACE OF DEATH (Che 5 Realdenca 17 RK? YES 2 NO and place, and dua	ck only one) B Other (Spe- 28d. DESCRIBI 28t. LOCATION City or Tow to the cause(a)	YES 2 NO City) E HOW INJURY ((Street and Num., State) and manner as a	DCCURED ber or Rural stated.	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,			
COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DID TOBACCO USE CO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 1 Sulcide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER.	DUE TO (OR AS A CO PLYNIA DUE TO (OR AS A CO CONTRIBUTE TO CA HOSPITAL: 1 Inpetient 2 PER/Cutpetia 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — building, stc. (Specify) IAN: To the best of my knowledge: On the beste of examination and	AUSE OF D 28b. TIME OI INJURY At home, ferm, stree	28. PL THER: Nursing Hom Nursing Hom Nursing Hom Nursing Hom No 1	ES NO ACE OF DEATH (Che 5 Paeldenca URY AT RK? (ES 2 NO and place, and dua	ck only one) B Other (Spe- 28d. DESCRIBI 28t. LOCATION City or Tow to the cause(a)	YES 2 NO City) E HOW INJURY ((Street and Num., State) and manner as a	DCCURED ber or Rural stated.	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,			
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditiona DID TOBACCO USE CO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER.	DUE TO (OR AS A CO PLYNIA DUE TO (OR AS A CO CONTRIBUTE TO CA HOSPITAL: 1 Inpetient 2 PER/Cutpetia 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — building, stc. (Specify) IAN: To the best of my knowledge: On the beste of examination and	AUSE OF D 28b. TIME OI INJURY At home, ferm, stree	28. PL THER: Nursing Hom Nursing Hom Nursing Hom North	ES NO ACE OF DEATH (Che 5 Paeldenca URY AT RK? (ES 2 NO and place, and dua	281. LOCATION City or Tow	PERFORMED? YES 2 NO City) E HOW INJURY ((Street and Num n, State) and manner as a	DCCURED ber or Rural stated.	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,			



OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should a set of the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

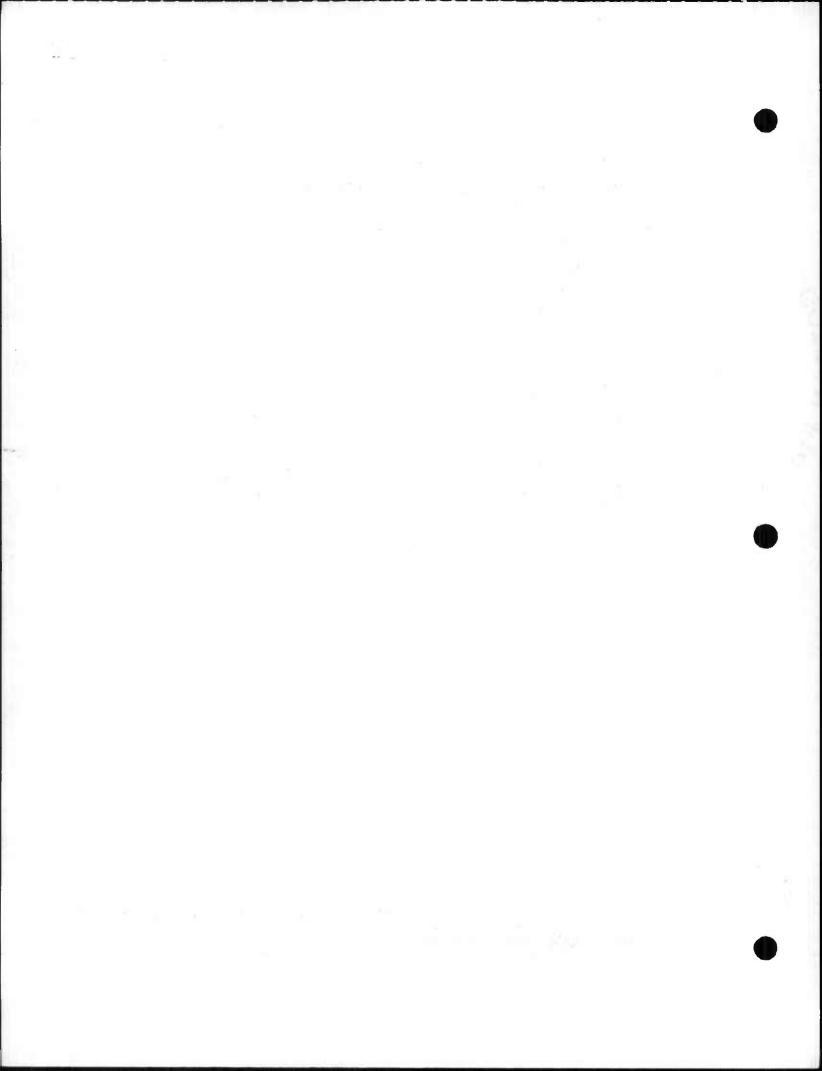
im 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

1 - STATE REGISTRAR				CERTIF	ICATE C	F DEAT	H	REG. NO).			
1. DECEDENT'S NAME (First, JOHN	, Middle, Last)		MAI	JARY			2	OATE OF OEATH		9 4 AR	3. TIME OF DEATH	PM
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER 1 YEA			DATE OF BIRTH		8. BIRTH Countr	IPLACE (State or Fore	sign
246-30-8471		1 M 2 F		66 YRS.	MONTHS DAY	8 HOURS	MIN.	(Month, Day, Year) Sep. 14,	1927		" Carolina	
9a. FACILITY NAME (If not in						N OR LOCATIO			9c. COU	NTY OF D	EATH	
1940 WEST		ALE STE	REET		BALT	IMORE	CITY	Ž.	N	I/A		
RESIDENCE OF DEC	10b. COUNTY			18c. CIT	Y, TOWN OR LO	CATION				T	10d, INSIDE CITY	
MD	N/	λ		200	altimo						LIMITS?	
10e. STREET AND NUMBER	14/.	<u>n. </u>			artino	10f. ZIP CODE			10a CIT	IZEN OF W	1X YES 2 N	10
1940 W. La	nvale .	Street			- 1	212	17		1	S.A.		
11. MARITAL STATUS		12 WAS DECEDEN	T EVER IN U.	S. ARMED		DECENDENT OF	F HISPANIC	ORIGIN? (Specify Yes		14. RACE	— American Indian	1,
1 Never Married 2 X 3 Wildowed 4 Divo	Married rced	FORCES? 1 IF YES, GIVE W	MR OR DATE	z XINO		specify Cuban ES 2 X NO		ruarto Rican, atc.)		Speci	Black	
15. DEC (Specify only	EDENT'S EDUC	ATION completed)	16	Sa. DECEDENT'S	USUAL OCCUP	ATION most of working	,	16b, KIND OF BU	SINESS/INI	DUSTRY		
Elementary/Secondary (0		College (1-4 or 5+)	life. Do NOT us	se retired.)	most or working	,					
8th		N/A		Cab Dr	iver			N/A				
17. FATHER'S NAME (First, M.						18. MOTH	ER'S NAME	(First, Middle, Maiden	Surname)			
Alonzo Mal					_		la Ma					
Barbara Ma.								Number, City or Tow				
20a. METHOD OF DISPOSITI			20b. PL	ACEANDDATE	OF DISPOSITION	(Name of		DATE 20c. LO	CATION -	City or To-	wn, Stata	
4 ☐ Donation 5 ☐ Other	(Specify)			ry, crematory or o		rk	1	Ran	dalls	stown	n, MD	
21. SIGNATURE OF FUNERAL	L SERVICE LICI	NSEE /			22. NAME	AND ADDRES		TY				
► () (me	MA	1016						Home East Avenue/Ba			ND 03.00	^
iMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition	pns,	Attention Due to	Oscle	n ilne.	ndiove						Approximation interval Bet Onaet end	ween
if any, leeding to immed cause. Enter UNDERLY! CAUSE (Disease Dr inju that initiated eventa reculting in deeth) LAS	ng c	DUE TO	OR AS A CO	DNSEOUENCE OF	-):	. 1						
PART II. Other eignifice							iven in Par	1 i. 24a. WAS AN PERFOR	RMED?	24b.	WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	USE
DID TOBACCO U		IBUTE TO CA	USE OF I	DEATH YE	ON KKZ	☐ UNCE	ERTAIN					
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	26.	PLACE OF DEAT								
1XXES 2 □ NO		1 - Inpetiant 2 -		nt 3 🗆 DOA	OTHER: 4 Nursing H	ome 5XX	ildenca 8	Other (Specify)				
	Pending nvestigation	26a. DATE OF (Month, Da	INJURY ly, Year)	28b. TIMI INJ	URY	INJURY AT WORK?		d. DESCRIBE HOW I	NJURY OC	CURED		
3 Suicida 6 🗌	Could not be determined	26s. PLACE Of building, s	INJURY — atc. (Specify)	At home, farm, s	streel, fectory, o	ffica	26	f. LOCATION (Street (City or Town, State)	and Number	or Rural A	loute Number,	
29e. CERTIFIER (Check only one) 1 CERT	IFYING PHYSIC	IAN: To the best of ax	my knowledg	je, death occurre	nd at the time, d	eta and place,	and due to t	he cause(a) and mar e, data and place, an	nner aa stat	led. ne cause(s)) and manner as stat	ted,
296. SIGNATURE AND TITLE	140	Vrish	MD			29c. LICEN	C.M.E	Š			(Month, Day, Year) 20,1994	1
DONALO G, C		COMPLETÉD CAUS				eet, E	Balti	lmore, N	Mary	land	1 21201	
31. DATE FILED (Month, Day,	Mear)	2 REGISTRAL	NS SIGNATA	RE		-						

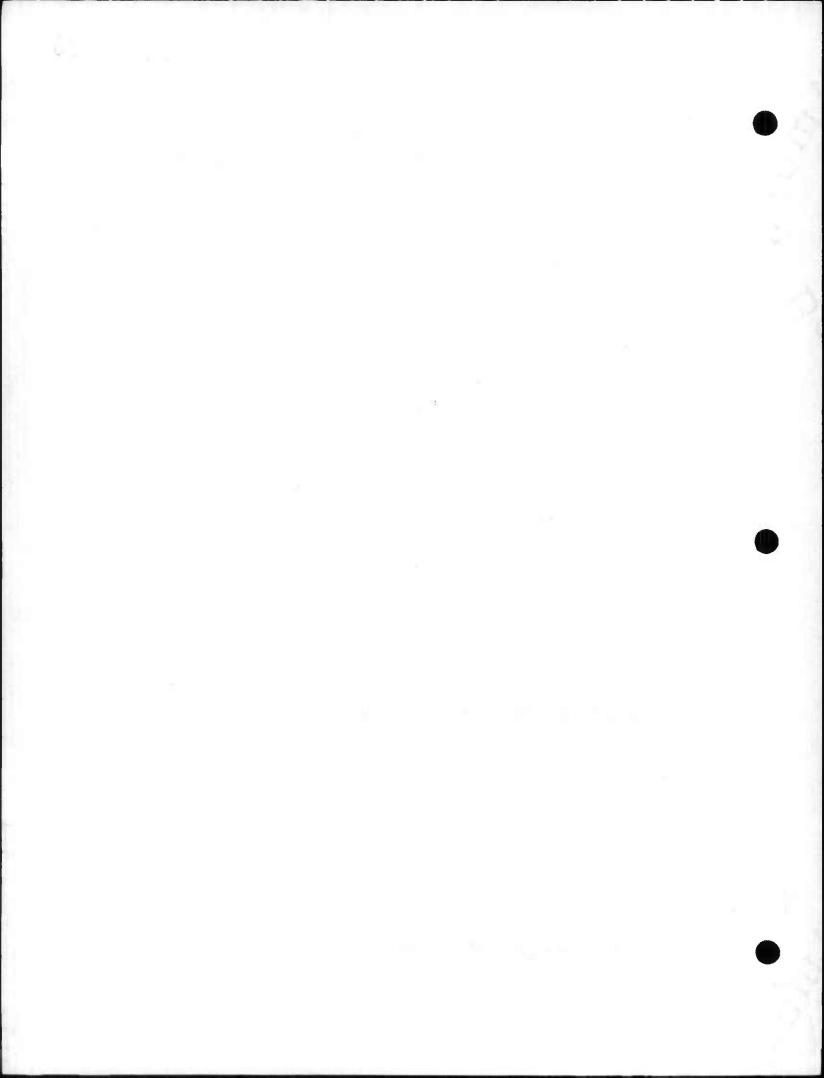


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within whom's after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

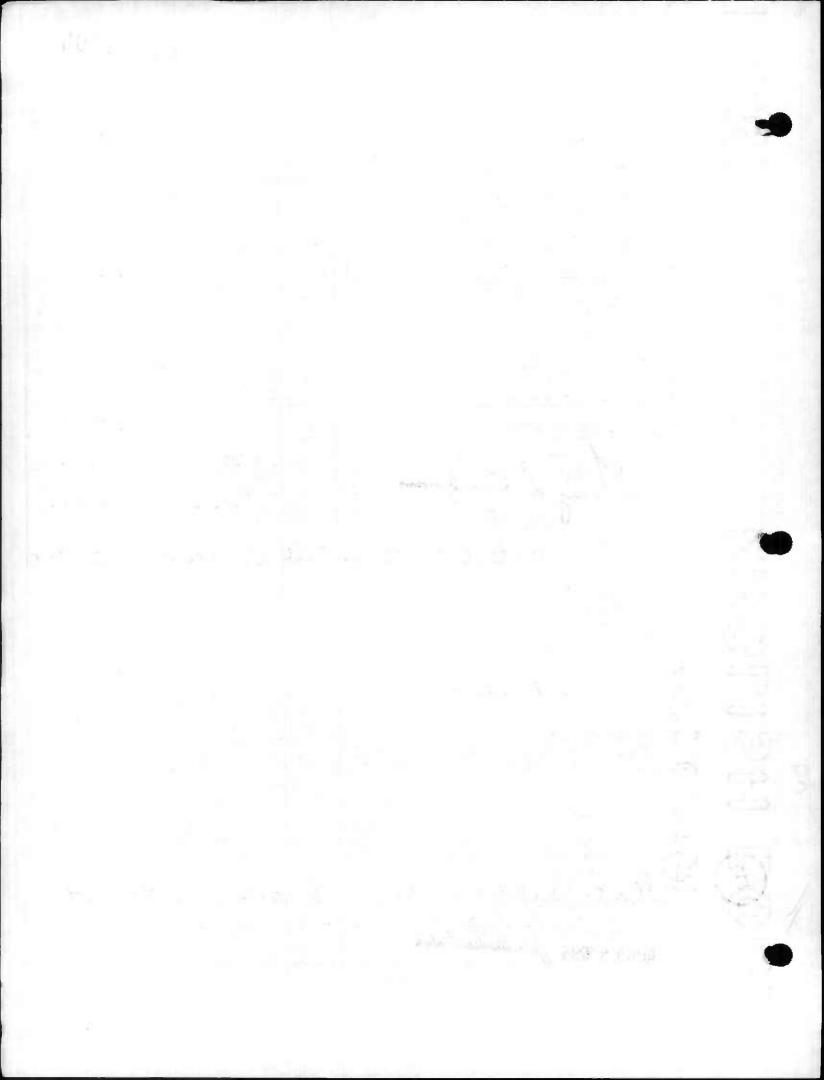
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First,	Middle, Last)									2. DATE OF	DEATN			3. TIME OF DEATH
l		Karen		Denise				Mo	vere i	_		MONTH				3. TIME OF DEATH
		4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. last	birthday)		Orris ER LYEAR	-	UNDER 24 HRS.	7. DATE OF	BIRTN	20		IPLACE (State or Foreign
.		216-92-4038	3	1 🗆 M 2 💢 F		29	YRS.	MONTHS	DAYS		URS MIN.	Feb.	lay, Year)	965	Counti	rginia
		9a. FACILITY NAME (If not in									OCATION OF D		21 1	9c. COU	NTY OF D	
	OR	5615 Gerlar		nue				В	Balt:	imo	re			N,	/A	
	딦	RESIDENCE OF DEC	10b. COUNT	γ			10c CIT	0c. CITY, TOWN OR LOCATION					10d. INSIDE CITY			
	DIRECTOR	MD		N/A				altimore							LIMITS?	
		10e. STREET AND NUMBER		II/ A				1101		Of. ZIP	CODE		-	10g. CIT	IZEN OF V	1 \ YES 2 \ NO
	FUNERAL	5615 Gerland	Aven	ue						2	1206			,	S.A.	
	2	11. MARITAL STATUS		12 WAS DECEDEN	T EVER IN	U.S. ARI	MED	13		ECENOE	ENT OF HISPAI				14. BACI	- American Indian
	BYF	1 Never Married 2 Merried 3 Widowed 4 Divorced FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES					0	- 1			Cuben, Mexica NO Specif		in, atc.)		Speci	k, white, etc.
			EDENT'S EDU	CATION		10 - DE	DEDENTIO	1								Black
		(Specify only	highest grade	completed)		(Gh	CEDENT'S ve kind of a Do NOT us	work done	e during n	nost of	working	16b. KI	ND OF BUS	SINESS/INI	DUSTRY	
	BE COMPLETED	Elementery/Secondery (0	-12}	College (1-4 or 5 · N/A	*)		N,		,				N/A			
once		17. FATHER'S NAME (First, M.	iddle, Last)	**/ **			24/			18,	MOTNER'S NA	ME (First, Mide		Sumeme)		
to		Richard Thom	nas_Mo	rris, Sr	•					M:	inerva	Young	1			
tiffee	TO B	19e. INFORMANT'S NAME (7)	/pe/Print)			19b	MAILING	ADDRES	SS (Street	end Nu	umber or Rural	Route Number,	City or Town	n, State, Zij	Code)	
9	-	Richard Mon		Sr.		5	615	Gerl	and	Ave	enue/B	altimo	re,	MD 2	1206	
or removal. medical examiner must be notified at once.		20e. METHOD OF DISPOSITI	PLACE A	ND DATE O	OF DISPO	SITION (Name of	1	OATE		CATION —		wn, State			
E	1	1 N Burlet 2 Cremetion 3 Removal from State Cemetery, crematory or other place LAUREL, MD														
듩			and the bit	++	1//	20					uneral		East			
al ex	_	- COU	nei	207	7.2	101	W	1	101	E.	NORTH	AVE./	BALT	IMOR	E, MI	21202
edical		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Between														
on, or		MMEDIATE CAUSE (Fine)														
nt, th		resulting in death) a. RESPIRATORY FALLURE a. RESPIRATORY FALLURE														
al, cr		disease or condition resulting in death) RESPIRATORY FAILURE DUE TO (OR AS A CONSEQUENCE OF): PSEUDOMONAS BACTEREAUX														
Hygiene prior to burial, cremation, or other traumatic event, the	CATION	Sequantially list conditions,														
Mental Hygiene prior ijury, or other trau	CAT	If any, laading to immadiata cause. Entar UNDERLYING														
other.	RTIFI	CAUSE (Disease or Injury Due TO (OR AS A CONSEQUENCE OF):														
	CERI	resulting in death) LAST														
th and Menta any Injury,		PART II. Other aignifica	nt condition	ns contributing to	death bu	ut not re	esuiting	in the u	ınderiyi	ng cau	use given in	Part I. 24	a, WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
Health and	DICAL								247	PERFORMED? AN			AVAILABLE PRIOR TO COMPLETION OF CAUSE			
Healt OWS	AE I					- 1.1	-24 .					_ '	☐ TES Z	ZS/NO		DF DEATN?
5 5	-	DID TOBACCO	USE C	CONTRIBUTE	TO			DEA	TH Y	YES.	□ NO	S al				To the Pipe No
State Dept.	SIAN	25. WAS CASE REFERRED TO EXAMINER?							-		OF DEATH (Ch					
or ite	YSICI	1 TES 2 NO		HOSPITAL:	ER/Outpo	ationt 3	□ DOA	OTHE 4 □ Nu		me 5)	XI Raeldence	6 Other (S	(pecify)			
-	PH	27. MANNER OF DEATN		28e. DATE OF (Month, D			26b. TIM	E OF UBY		NJURY /	AT	28d. DESCR	IBE NOW I	NJURY OC	CURED	
death with	B		Pending investigation		2/94	P	4	F			2 NO					
after death with 28 is marked	8		Could not be	26e. PLACE O building,	of INJURY atc. (Speci	— At hor	ne, farm, :	street, fa	ctory, off	ice			ON (Street e fown, State)	nd Number	r or Rural F	Route Number,
from 2	4															
	Ē	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.														
E B	S)				xamination	end/or li	nveatigatio	n, In my	opinion,	death	occured at the	time, date en	d place, en	d due to ti	he ceuse(e	end menner ee stated.
9 2	BE	296. SIGNATURE AND TITLE	OF CERTIFIE	A	-	11	1 1	15		29c.	LICENSE NUI	WBER		29d. DAT		(Month, Day, Year)
De fied	0	30. NAME AND ADDRESS OF	A N	COMPLETED CALL	A OF DE	-					144	110		- 8	3.99	2.99
	1	FRANCU		StrAn	N	LLI	L	D	3	340	W.	CALU	cor	- 7	SAL	102/202
		31. DATE FILEO (Month, Day,		Jalia de	ומשום ביווי	TO ROAD	to the						-			



BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physician.	URECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be nown after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within . Wars after death. Page 6 may be retained by the hospital or attending physician.	M. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur in hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	III llem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	ATE OF MARYLAND /	DEPARTMEN			MENTAL HYGIEN	E				
10	1. DECEDENT'S NAME (First, Middle, Last)	ARTNEY				2. DATE OF DEATH ON THE	94	3. TIME OF DEATH a. 5:40 M			
	007 00 0010	M ² [XF 66	YRS. MONTHS		HOURE MIN.	7. DATE OF BIRTH (Morith, Day, Year) 06 04	28 6	IRTHPLACE (State or Foreign ourtry) ENGLAND			
TOR	9a. FACULTY NAME (If not institution, give street and MERIDIAN NURSING	9c. COUNTY C	NE ARUNDEL								
DIRECTOR	10s. STATE 10b. COUNTY	ARUNDEL	10c. CITY, TOWN	OR LOCATION NAPO	NY			10d. INSIDE CITY LIMITS? YES 2 NO			
FUNERAL	100. STREET AND NUMBER 2711 COXSWAIN P.	LACE			21401			S.A.			
ВУ	1 News Married WVMarried FO	AS DECEDENT EVER IN U.S. ARN DRCES? 1 TYES 2 TO N YES, GIVE WAR OR DATES!			ify Cuban, Maxican	IC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)		RACE — American Indien, Black, White, atc. Specify: WHITE			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed in the comp	(Gh ire.	CEDENT'S USUAL VIEW KIND OF WORK WORK OF WORK TEACHE	during most	of working	166. KIND OF BUS	CATION				
BE COM	17. FATHER'S NAME (First, Middle, Lest) ERNEST INNES-BAI	LLIE			16. MOTHER'S NAM EVELYN	ME (First, Middle, Melden ALLAN	Sumama)				
10	192. INFORMANT'S NAME (Type/Print) JAMES R. MCCARTN					loute Number, City or Town					
	20s. METHOD OF DISPOSITIO 1	m State 20b. PLACE of cemetary METR		ATOR	Y, INC.	8/23 CF	CATION — CITY ONSV	TLLE, MD.			
	21. SIGNATURE OF POTENT SERVICE LICENSE	. Loufm	ans	RAYM	OND C. CRAIN H	FINK FUN	NERAL SLEN B	HOME 21061 URNIE,MD.			
	23. PART I. Enter the diseases of compile ahock, or heart failure. Liet or IMMEDIATE CAUSE (Final disease or condition resulting in death)	nly one cause on each line.						Approximate interval Between Onset and Death			
NO	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC									
	PART II. Other aignificant conditions cont	billipudge to death his not a	anulèlma la éba s	and adulan	sausa alum In	Seed Law upg an	игтовеч Т	24b. WERE AUTOPSY FINDINGS			
IEDICAL	PART II. Other agrinteant conditions con-	OHE -	essuiting in the t	underlying	cause given in	Part I. 24e. WAS AN PERFOR	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			28 DI A	ACE OF DEATH (Che	ank ank anel		N/A			
YSICI	EXAMINER? HOS	SPITAL: npatient 2 - ER/Outpatient 3	□ DOA 4 XN	ER:		8 Other (Specify)					
ву РН	1 X Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M		RY AT NK? ES 2 NO	28d. DEŞCRIBE HOW	NJURY OCCURE	!D			
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At hor building, etc. (Specify)	me, ferm, street, f	ectory, office		28f. LOCATION (Street City or Town, State)		ural Route Number,			
BECOMPLETED	29e. CERTIFIER (Check only 2 MEDICAL EXAMINER: On 1	To the bast of my knowledge, de the basis of examination and/or i						use(s) and manner as stated.			
TO BE	GNATURE AND TITLE OF CERTIFIER	kom	M.D		29c. LICENSE NUN	MBER 53	≥ S	GNED (Month, Day, Year) 22(94			
-	30. NAME AND ADDRESS OF PERSON WHO COM PETER VERKOUW M.	D.1833A FO	REST DI	RIVE-	-ANNA PO	LIS,MD.	21401				
	31. DATE FILEO (Month, Day, Year) AUG 2 3 1994	2 REGISTRATS SIGN UNI	Ц								



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31. DATE FILED (Month, Day, Year) AUG 2 3 1994

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 994 MCGRANE WILLIAM FRANCIS AUG. 21 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 1 M 2 1 HOURS DAYS 217-09-7798 76 10-20-1 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2514 CREIGHTON PARKUILLE AUG RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY mD PARKVILLE BALTIMORE 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21234 2514 CREIGHTON AUE. funeral director, page 5 should be detached for use as the burial-transit 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 70 Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married B Specify 3 Widowed 4 Divorced WWII WHITE 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Sp Elementary/Secondary (0-12) College (1-4 or 5+) INVESTIGATOR STATE OF 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JOSEPH EDWARD MCGRANE T JOSEPHINE BE FLYNN notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21102 2 W. MCGRANC MICHAGE BACHMAN ROAD. MANCHOSTOR MD Pe 20a. METHOD OF DISPOSITION

1 bit Burlat 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State must MORELA~D mD 4 Donation 5 Other (Specify) BALTO, Panh. mem examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
EVANS FLU ERAL CHAPEL + cua Lastr 8800 HARFORD RD BOLTO, MD 21234 completely filled in by the medical 23. PART I. Enter the diseases, or complications that caused the eeth. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart fellure. List only one ceuse on each line. Interval Retween 8 **Onset and Death** IMMEDIATE CAUSE (Final the disease or condition_ event, resulting in death) сгет to burial, traumatic ta CERTIFICATION attending physician and Sequentially list conditions DUE TO JOR AS A CONSEQ if any, leading to immediate prior cause. Enter UNDERLYING CAUSE (Diseese or injury or other Hygiene DUE TO (OR AS A CONSEQUENCE OF). thet initiated events resulting in death) LAST Mental PART II. Other significant conditions MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS n signed by the Health and M AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? any 1 YES 2 NO shows 1 YES 2 NO 6 Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF BEATING State HOSPITAL T YES A NO est 2 🗆 ERVONED ent 3 DOA 5 Presidence 6 Other (Specify) 6 the 27. MANNEY OF DEATH 28s. DATE OF INJURY 284. DESCRIBE HOW INJURY OCCURED HIM marked. 1 Newturni м 1 YES 2 NO BY death 2 Accident 28s. FLACE OF INJURY - At ho building, etc. (Specify) 291. LOCATION (Street and Number or Rural Route Number 22 ED 6 Could not be Mer 29a CERTIFIER TATLE OF CENTIFIER 29d. DATE SIGNED (Month, De 茅屋 BE MPOR 22 23 0 DRESS OF PERSON WHICOMPLETED CAUSE OF DEATH 20. NAME AND AD

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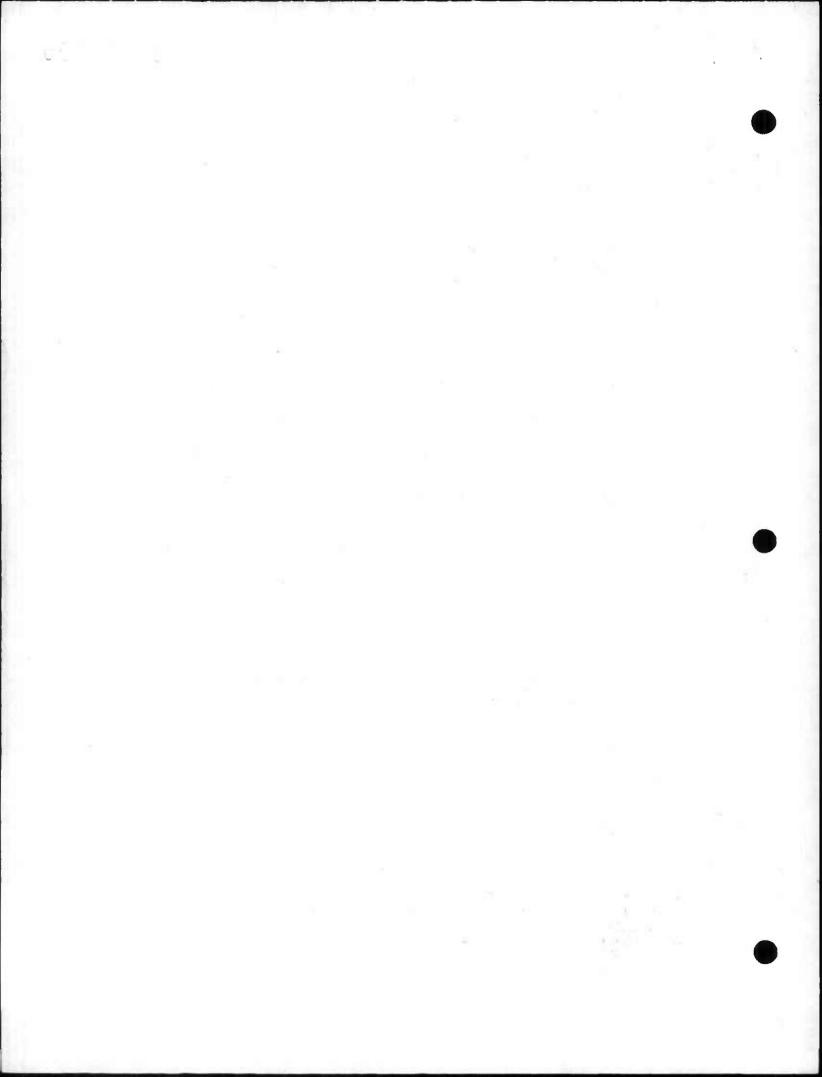
92: REGISTRAN'S SIGNATURE

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Towson as 21204

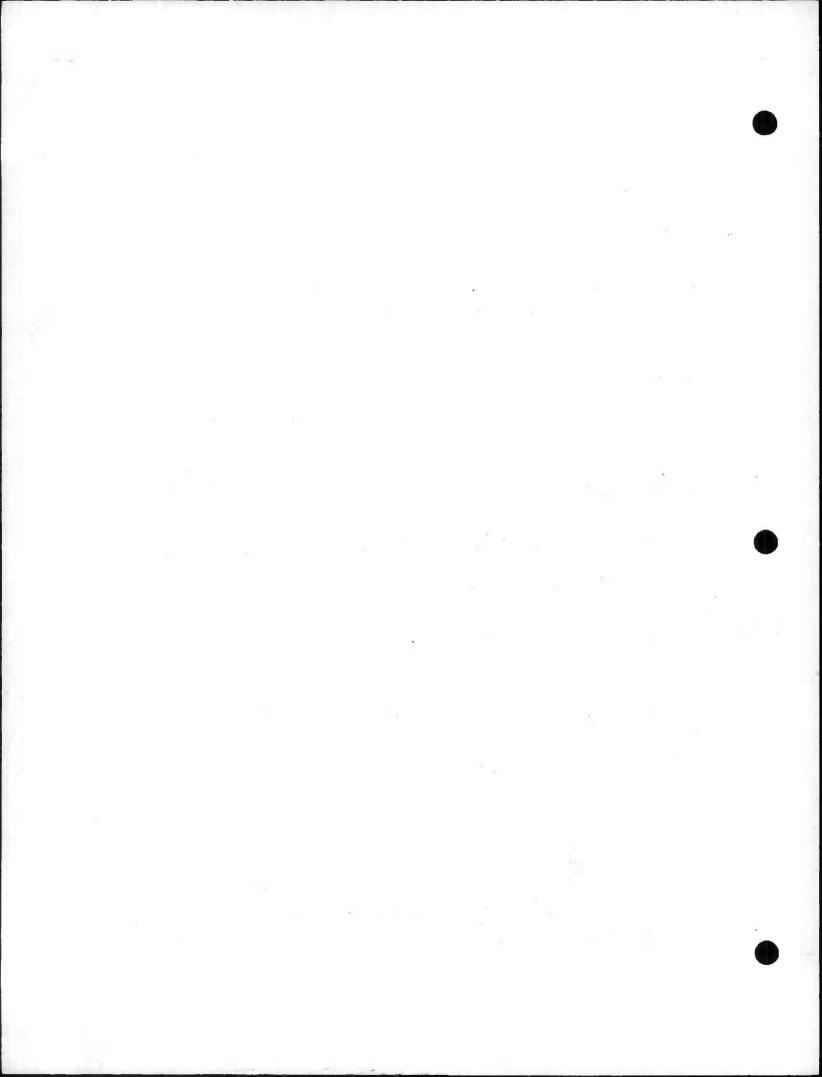


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DIVISION OF VITAL RECORDS, P.O. BOX 68760

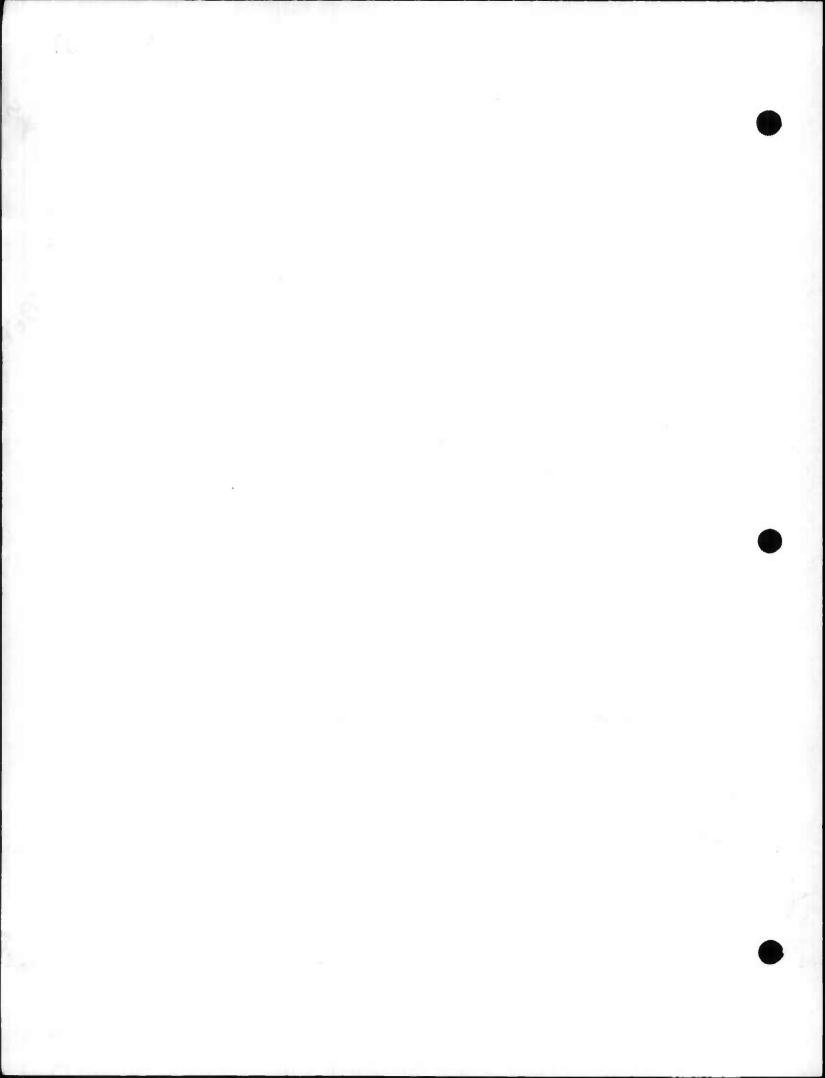
death. Page 6 may be retained by the hospital or attending physician.	e funeral director, page 5 should be detached for use as the burial-transit permit. Pages it.	examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)		McGOW			2. DATE OF OEATH		3. TIME OF DEATH	
	Jasper		Mcgov			August		11 · 35P M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. B/R	THPLACE (Statu or Foreign	
	212 40 3970	1 🔀 M 2 🗆 F	O O YRS.	MONTHS DAYS	HOURS MIN.	9(Month, 3ey, 1eg)	25 N.Carolina		
œ	9a. FACILITY NAME (If not institution, give : Maryland Gene	ral Hospita		Balti	R LOCATION OF DE	EATH	9c. COUNTY OF DEATH		
힏	RESIDENCE OF DECEDENT	Tal nospita	<u>a 1</u>	Daiti	поге		na		
<u> </u>	10e. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY	
DIRECTOR	Maryland	na Baltimore			re			LIMITS?	
	10e. STREET AND NUMBER	e. STREET AND NUMBER 101.			ZIP CODE		10g. CITIZEN OF	F WHAT COUNTRY?	
FUNERAL	2230 Linden Avenue				21217			USA	
5	11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO				13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Ye				
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specifi	fy Cuban, Maxican, Puarto Rican, atc.) Black, White, etc. NO Specify: Specify:			
		Army 2-45	11-45					White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give kind of we	ork done during mo	N st of working	16b. KIND OF BU	SINESS/INDUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Carn	enter		Ноте	Improve	omont	
Ž	17. FATNER'S NAME (First, Middle, Lest)		oarp.	- III CI				ement	
	II. PATHER S NAME (First, MICOID, LEST)				Rosa	ME (First, Middle, Maiden Jones	Sumame)		
H	19a. INFORMANT'S NAME (Type/Print)		Tab Mail Inc	A CORPECC /Charles		Route Number, City or Tow			
임		c Gowan				alto,MD2			
	20s. METHOD OF DISPOSITION		PLACE AND DATE OF				CATION — City or	Town Cont	
	1 Buriel 2 Cremetion 3 Rem		etery, crematory or oth		rrie or	OATE 200. LO	CATION — City or	IOWN, STATE	
	21- SIGNATURE OF FUNERAL SERVICE LI	CENSEE DANG 1d I	Jade Dia	22. NAME AN	ID ADDRESS OF FA	CILITY State	Anaton	N. Board	
	Image!	2/1/10/11	vade, DII			ore St,B			
4	11/1000/1/	O'lle						DZ1201	
TION	23. PART I. Enter tha diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, abock, or heart failure. List only one cause on each line. Acute Pulmonary Edema Secondary to Extension onest and Death interval Between Onest and Death unknown Bequentially list conditions, oue to (or as a consequence of): b. Oue to (or as a consequence of):								
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting In death) LAST d.								
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTERFORME 1 YES 2				RMED?	4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
z	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF	DEATH Y	ES NC				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one)									
KSI	1 YES ZX NO	1 Inpetient 2XXR/Outp		OTHER: 4 - Nursing Hom	e 5 🗆 Raeldenca	8 Other (Specify)			
	27. MANNER OF DEATH 1 Neturel 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME INJU	IRY WO	RK?	28d. DEŞCRIBE NOW I	NJURY OCCURED		
2 Accident Investigation 2 Accident Investigation 28 PLACE OF IN HIRV. At home form street forces will be a control of the con						il Boute Number			
	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28b. PLACE OF INJURY — At home, farm, street, factory, office City or Town. State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town. State)								
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated.								
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER						29d. DATE SIGN	ED (Month, Day, Year)		
일	30. NAME AND ADDRESS OF PERSON WI				8922		00,	, , , , ,	
	Tatiana Mou				and Co	norel II-			
	31. DATE FILED (Name 2004) 3994	32. EGISTHAR'S SIGN	ATURE	· · · aly	<u>-and Ge</u>	nerar Hoa	spital		



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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
j	1. DECEDENT'S NAME (First, Middle, Last)			DEF	2. DATE OF DEATH		3. TIME OF DEATH	
,	Mary E. M	Mixter			8-21-1			
		yrs. last birthday) IF U	INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign	
	219-10-6202 1 M XX F 9a. FACILITY NAME (If not institution, give street and number)	91 YRS. MONT		HOURS MIN.	(Month, Day, Year) 5-2-19		laryland	
r	Villa St. Michaels	-		timore	ATH	9c, COUNTY OF	DEATH	
DIRECTOR	RESIDENCE OF DECEDENT			CIMOLO				
Ä I	10a. STATE 10b. COUNTY		WN OR LOCATI			10d, INSIDE CITY		
- 1	Maryland	Bal	Baltimore				XXYES 2 NO	
FUNERAL	10e. STREET AND NUMBER		10f. ZIP CODE				WHAT COUNTRY?	
	4314 Falls Road		21211			USA		
	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U FORCES? 1 YES	J.S. ARMED	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify V. If yes, specify Cuban, Maxican, Puerto Rican, etc.)			s or No — 14. RACE — American Indian, Black, White, etc.		
1 1	3 Wildowed 4 Divorced	ESXX		NO Specify		(5.4)	ecity:	
- 11	15. DECEDENT'S EDUCATION 1	16a. DECEOENT'S USUA	AL OCCUPATIO	<u> </u>	T 165 KIND OF BUS	SINESS/INDUSTRY	white	
	(Specify only highest grade completed)	(Give kind of work d life. Do NOT use retir	done durina mos		IOD. KIND OF SO.	SINESS/INDUSTRI		
COMPLEIED	Elementary/Secondary (0-12) College (1-4 or 5+) 8th		Nurse					
5	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)		
BE C	Charles White				ra White			
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A00	RESS (Street an		Toute Number, City or Town			
-	JoAnn Parker	3628 F	3eech	Avenue	Balto.	, MD 2	1211	
	20a, METHOD OF DISPOSITION 20b B	PLACE AND DATE OF DIS	SPOSITION (Nan			CATION — City or		
	C Donation 5 ☐ Other (Specify)	tery, cremetory or other place. Zion	Cemet	ery	8/24 Fr	eeland	, MD	
1	21, SIGNATURE OF FUNERAL SERVICE LICENSEE	,	22. NAME AND	O ADDRESS OF FAC	CILITY			
	· succes the Consent	er,	3631	ee-непs Falls	s Funera Rd Balt	o., MD	21211	
	23. PART I. Enter the diseases, or complications that caused to shock, or heart failure. List only one cause on eac IMMEDIATE CAUSE (Final disease or condition resulting in death) a	e Hear	t Fa	a of dying, auch	n as cardiac or respi	retory arrest,	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST							
	DARY II Other clastificate conditions contribution to doubt but							
4	PART II. Other significant conditions contributing to death but	i not resulting in the	e undarlying	causa given in	Part I. 24a. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
HTSICIAN: MEDIC					1 _ YES 2	NO	OF DEATH?	
Ē	DID TOBACCO USE CONTRIBUTE TO	CALICE OF D	EATH V	EC T NC			1 YES 2 NO	
A I	25. WAS CASE REFERRED ID MEDICAL	CAUSE OF D						
2	EXAMINER? HOSPITAL:		HPA:	ACE OF DEATH (Che				
2	1 YES 2 NO 1 Inpetient 2 ER/Outpet	tlent 3 DOA 4 T	Nursing Home		8 Other (Specify) 26d. DESCRIBE HOW I	THE COURSE		
չ ∥	1 Natural 5 Pending (Month, Day, Year)	INJURY	WOR	RK?	288. DEŞUNIDE NOW #	NJUHT OCCURED		
2 Accident Investigation 1 YES 2 NO 28 PLACE OF INJURY — At home farm street factory office 281 IOCATION (Street and Number of Burel Pouts Number							of Physica Microphae	
3 Sulcide 4 Could not be 4 Homicide 5 Could not be 4 Homicide 5 Could not be 5 City or Town, Stele) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Stele) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stele)						ii Nobie (quiriber,		
4	29a. CERTIFIER CESTIEVING DUVELCIAN, TO the house		W. Harris					
CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							e(a) and manner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year						ED (Month, Day, Year)		
	7 Mill.			D386-	75 8		22/94	
JOEL MESHUAM 1147 S HANDUER ST BALTIMORE MY 21230								
	31. DATE FILED Month Downson July 32. HEGISTRAR'S SIGNAT	THRE		* * *			,	



Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH THE JOHNS HOPKINS HOSPITAL DIRECTOR BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY MARYLAND BALTIMORE permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 4908 SIPPLE AVENUE 21206 funeral director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cuban, Maxican, Puarto Rican, etc.)
1 YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 1 Never Merried 2 X Married BY 3 Widowed 4 Divorced WWII COMPLETED 15. OECEDENT'S EDUCATION secify only highest grade comple 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working (So) (Give kind of work done life. Do NOT use retired.) Elementary/Secondery (0-12) College (1-4 or 5+) DISPLAY ARTIST YEARS 17. FATHER'S NAME (First, Middle EDWARD MI MURPHY to BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. MARY MURPHY 4908 SIPPLE AVENUE BALTO. MD.21206 death. Page 6 may be pe 20a. METHOO OF DISPOSITION
1 Deurial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must GARDENS OF FAITH 4 Donation 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSEE examiner KACZOROWSKI FUNERAL HOME 1201 n and completely filled in by the to bunial, cremation, or removal. medicai 23. PART I. Enter the diseasee, or complicati that caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, shock, or heart fallure. Liet only one cause on each line IMMEDIATE CAUSE (Final the disease or condition Cell Carcinong Renal event, reculting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF traumatic CERTIFICATION Sequentielly list conditions DUE TO (OR AS A CONSEQUENCE OF). if any, leading to immediate the attending physician I Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST 0 PART II. Other significent conditions contributing to death but not recuiting in the underlying ceuse given in Part I. MEDICAL Health and I t. of H PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL ATTENDING PHYSICIAN: The 26. PLACE OF DEATH (Check certificate the State EXAMINER? petiant 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify 10 27. MANNER OF GEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? this c marked, 1 Natural М 1 YES 2 NO BY After Investigation 2 Accident 3 Suicide 28e. PLACE OF INJURY -- At home, farm, street, factory, offica building, etc. (Specify) 28 is ETED. 8 Could not be TOR: 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 0 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MURPHY

6. AGE (In yrs. last birthday)

68

5. SEX

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

J GHNJ

1 - STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)

JOHN

4. SOCIAL SECURITY NUMBER

217-20-8624

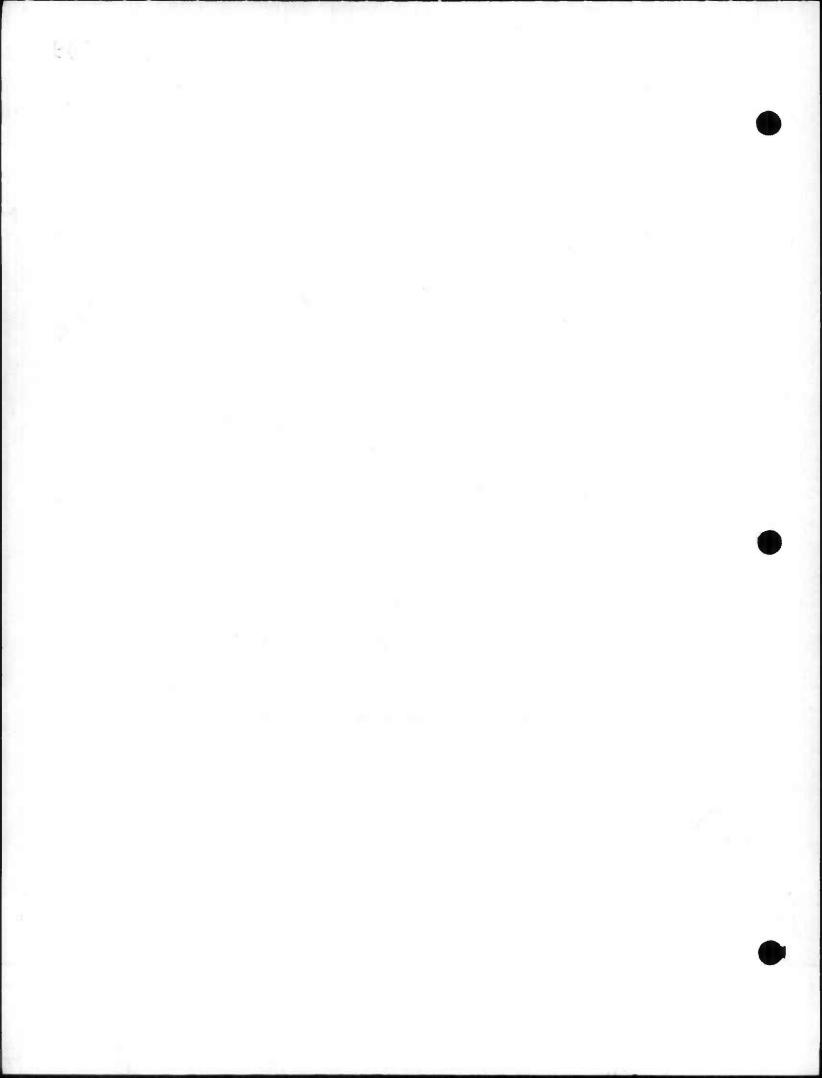
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH 3. TIME OF DEATH ÄUGUST~13, 1994 10:45 A M 7 DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF LINDER 24 HRS 06 -1 2"- 26 MARYLAND 9c. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g, CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. WHITE 166. KIND OF BUSINESS/INDUSTRY 18. MOTHER'S NAME (First, Middle, Meiden Surname)
MABEL HARRIS DATE 20c. LOCATION — Cify or Town, State 8-17 BALTO. CO. MD. DUNDALK AVENUE BALTO. MD. 21222 Interval Between Onset and Death 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 TYES 2 K NO 1 TES PONO 28d. DESCRIBE HOW INJURY OCCUREO 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month Day Year)

00"

TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	The function of the confliction has been signed by the attending physician and completely filled in by the functal director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	from its is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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HOSPIT	P. L	E	
THE OT	TO THE	IMPOR	
		1	

FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIFI					MENTA	HYGIEN			
1. DECEDENT'S NAME (First, Middle,	, Last)	OLITINI	OAIL	01	DEAI	-		OF DEATH			3. TIME OF DEATH
CHAPLES							MONTH O ?			YEAR	0128AM
4. SOCIAL SECURITY NUMBER		GE (In)rs. last birthday)	IF UNDER 1		IF UNDER		7. DATE	OF BIRTH	,	8. BIRTH	IPLACE (State or Foreign
127-32-3571	Λ.	53 YRS.	MONTHS	DAYS	HOURS	MIN.	10	-31-1	940	NEV	YORK
9e. FACILITY NAME (If not institution					R LOCATIO				9c. COUR	NTY OF D	EATH
THE JOHNS HOP RESIDENCE OF DECEDER 100. STATE 100. C	KINS HOSPITAL		BAL	TIMO	RE	CITY					
10e. STATE 10b. C	COUNTY	10c. CITY	, TOWN OF	R LOCATI	ON						10d. INSIDE CITY
MARYLAND BA	ALTIMORE		Т	OWS	NC						LIMITS?
10e. STREET AND NUMBER					ZIP CODE				10g. CITI	ZEN OF V	VHAT COUNTRY?
100. STREET AND NUMBER 1407 BOYCE 11. MARITAL STATUS 1 Never Married 2 10 Married	AVE.				212	04.			U.	S.A	٨.
11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y	ER IN U.S. ARMED	13. W	AS DECE	NDENT OF	HISPAN	IC ORIGIN	? (Specify Yes	or No-	14. RACI	- American Indian, k, White, etc.
1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR O	R DATES	1	YES		Specify		ncan, etc.)		Spec	thy:
	'S EDUCATION	A DECEDENTIA	101111 00						1		WHITE
(Specify only highes	et grade completed)	(Give kind of w life. Do NOT use	nak done di	uring mos	N t of working	7	16b.	KIND OF BU	SINESS/IND	USTRY	
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15. DECEDENT (Specify only highes Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Let	ast)				18, MOTH	ER'S NAI	_	fiddle, Maiden			
	McCARTHY JR						MA'				
190. INFORMANT'S NAME (Type/Print	nt)	19b. MAILING	ADDRESS	(Street en	d Number	or Rural F	loute Numb	er, City or Tow	n, Stete, Zip	Code)	
TRACEY McCA	RTHY	1407	BOY	CE	AVE	. R	UXT	ON, MD	. 21	204	•
20e. METHOD OF DISPOSITION	Removal from Stele	20b. PLACE AND DATE O	F DISPOSIT				DATI		CATION -		
4 Donation 5 Other (Specify	y)	DRUID RI	DGE				8/9	4 PIK	ESVI	LLE	,MD.
21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE				ADDRES			INS &	CON	ופ ר	0
Willem	1 K. Vave	111_	- 1								21212.
23. PART I. Enter the disease	a, or complications that ceu	sed the deeth. Do n	ot enter t	the mod	le of dyir	ig, such	es cerd	lec or respi	retory arr	eat,	Approximete
IMMEDIATE CAUSE (Finel	ellure. List Dnly Dne ceuse o	n eech line.									Interval Between Onset and Death
disease or condition resulting in deeth)	disease pr condition							5min			
	DUE TO (OR AS A CONSEQUENCE OF):										
Sequentielly list conditions,	Sequentially list conditions b. SEPSIS 3 days										
If any, leading to immediate cause. Enter UNDERLYING	If any, leading to immediate							1.			
CAUSE (Diseese or injury that initiated events	c. DUE TO (OR A	AS A CONSEQUENCE OF									monte
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST	a Liver		,	- 1	Leid	ch	DV.				1 ma on the
											1 1000 101
PART II. Other eignificant con	_	h but not resulting in	n the und	deriying	ceuse g	iven in	Part I.	24a. WAS AN PERFOR		24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
REPAR	FAILURE						_	1 TYES 2	D116		COMPLETION OF CAUSE OF DEATH?
-									1		1 - YES 2 11-10
	JSE CONTRIBUTE T	O CAUSE OF	DEAT		ES [N					
25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:		OTHER		ICE OF DE	ATH (Che	ick only on	9)			
1 YES 2 LNO	1 ☐ Inpatient 2 ☐ ER/0		4 Nursi			Idenca					
	g (Month, Day, Yel			28c. INJU WOR	IK?	MO	28d. DES	CRIBE HOW I	NJURY OCC	URED	
The state of the s	Accident Investigation 1 YES 2 NO					281. LOCATION (Street and Number or Rural Route Number,					
4 Homicide determi	City or Type Country							voite mon,			
290. CERTIFIER 1 CERTIFYING	PHYSICIAN: To the best of my k	nowledge death occurre	d at the tie	ne dete	and place	and due	to the cou	e=(e) e=d ===			
	29s. CERTIFIER (Check on 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner es stated. 2 MEDICAL EXAMINER: On the best of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner es stated.										
Nuchan					29d. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) AJ4147357NS1793 08/19/94						
TVV	ON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)		~ (1	-110		-	1.1.1
NAMIN SINCH	MD, 600 N	WOLKE	ST		John	ns H	DOM	ns B	alha	ore	MD 21287
31. DATE FILED (Month, Day, Year)	Julia Daudior Ag					_ 11			111111		
AUG2 3 1994	June minutes de	Odra									



BALTIMORE, MARYLAND 21215-0020	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nours after death. Page 6 may be retained by the hospital or attending physic	
	nours after de	had be been the A
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DIVISION OF VITAL RECORDS, P.O. BOX 68760.	ires that the death certificate be executed within	special by the others and a minimum and bearing
DIVISION OF VITAL REG	OR ATTENDING PHYSICIAN: The law requir	Second and annual of the last

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH VEAD Maria P. Mershall 8 14 1223 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BURTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) (Month, Day, Year) 3/7/44 149-34-7034 DAYS 1 M 2X 1 HOURS 50 YRS. Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH DIRECTOR University Hospital Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Bellmawr N.J. 1 X YES 2 NO Camden 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 134 Hart Avenue 08031 USA 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 TYES 2 NO Specify: BY Specify: 3 🔀 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION t6a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify Elementary/Secondary (0-12) College (1-4 or 5+) 12th Florist Flower 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Paul Profera BE Maria DiPietro 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Bellmawr, N.J. 08031 Lori F. Marshall 134 Hart Avenue 20a. METHOD OF DISPOSITION 1 X Burtel 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Brig. General Doyle Vet. 8/18/94 4 Donation 5 Other (Specify) Arneytown, N.J. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Johnson Funeral Home Christina 8521 Loch Raven Blvd Towson. 21286 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximeta shock, or heart feilure. List pniv one ceuse on sech line Intarval Between Onset and Death IMMEDIATE CAUSE (Fine) disease or condition resulting in dasth) DUE TO (OR AS A CONSEQUENCE OF): INTRAPULMONARY HEMOVESTABE. CERTIFICATION Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING THUD WEDCHTO PENIA DUE TO (OR AS A CONSEQUENCE OF) CAUSE (Disease or Injury that initiated eventa resulting in death) LAST AML PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? GIBLED 20 C Carove THYOUROCHTOPENIA REFLACTORY - YES 2 NO GUBLEED 2º C 11 TO TRANSFUSION. 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | YSICIAN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? OTHER: Inpetient 2 - ER/Outpetient 3 - DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO BY 26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide COMPLE 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIES 29d. DATE SIGNED (Month, Day, Year) BE 14/94 2

S OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

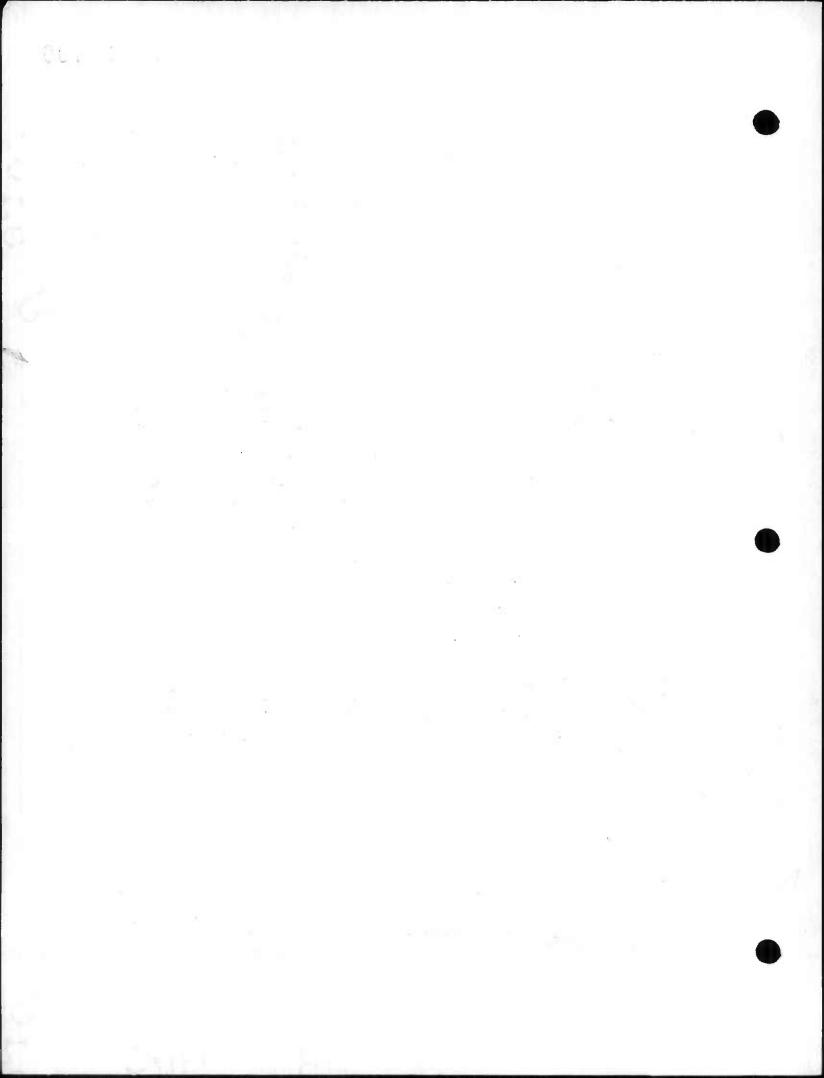
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DEPT. OF WED. 225. GREENE ST.



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ompletely	he State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH FRANCIS 08 18-1994 ALAN MAYNARD 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 214-38-0171 01-28-1938 MARYLAND XXM 2 □ F 56 9a. FACILITY NAME (If not institution, give street and number) CENTER 9b. CITY, TOWN OR LOCATION OF DEATH SC COUNTY OF DEATH CHESAPEAKE MANOR CONVALESCENT ARNOLD ANNE ARUNDEL FUNERAL DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL GAMBRILLS 1 YES 24 NO 10e. STREET AND NUMBER 10f. 7tP CODE 10g, CITIZEN OF WHAT COUNTRY? 908 ANNAPOLIS ROAD 21054 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 24 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 22 NO Specify: FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 12 2 SALES REPRESENTATIVE S.P. RICHARDS 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) LESLIE JAMES MAYNARD, SR. DRUSILLA BLAKNEY BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. CAROL B. MAYNARD 908 ANNAPOLIS ROAD, GAMBRILLS, MD. 21054 20b. PLACE AND DATE OF DISPOSITION (Name of CEMETER X TE CROWNSVILLE, MD. 20e. METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF EUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME 1 SECOND AVENUE, S.W.
GLEN BURNIE, MARYLAND 21061 CK 23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, **Approximate** ahock, or haart failure. List only one cause on each line. Intarval Between **IMMEDIATE CAUSE (Final** esophageal Onset and Death disease or condition 11 mos resulting in death) **OUE TO (OR AS A CONSEQUENCE OF)** CERTIFICATION Sequentially list conditions. OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL QTHER: 1 | Inpatiant 2 | ER/Outpatiant 3 | DOA 4 Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Sulcide 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide 29s. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as attend. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296 SIGNATURE AND TITLE OF CERTIFIER

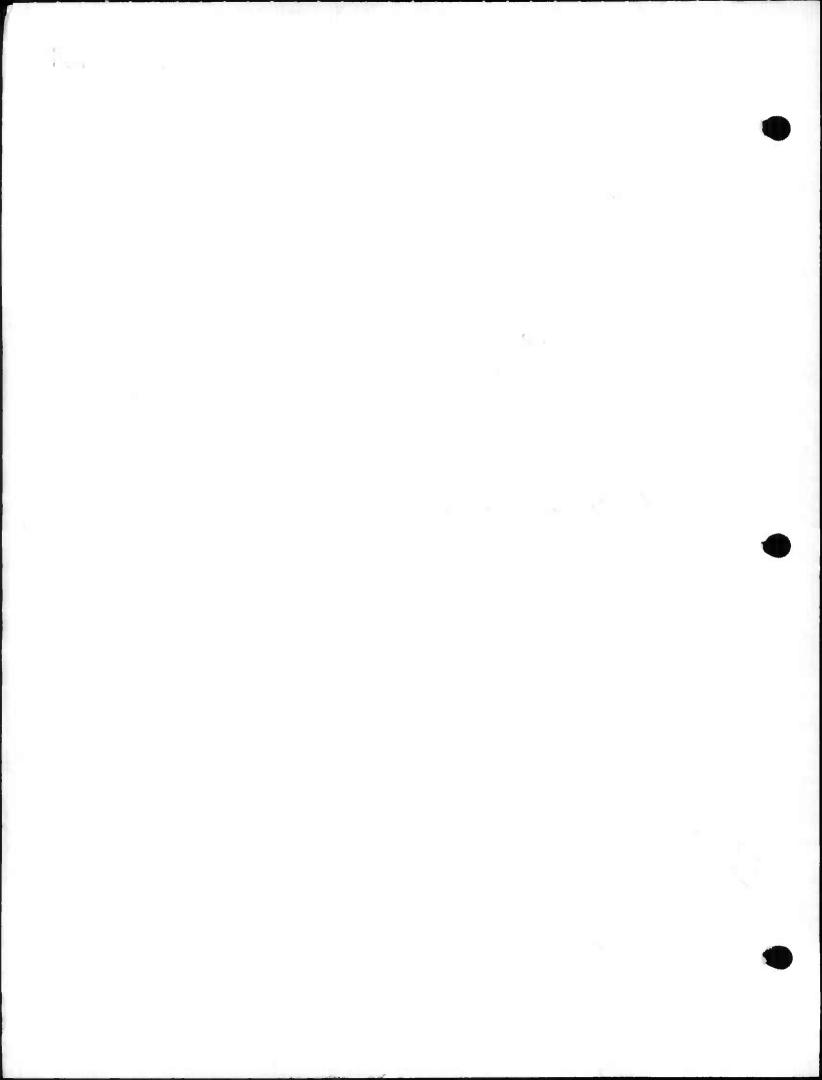
29c. LICENSE NUMBER

019838

29d, DATE SIGNED (Month, Day, Year)

18/94

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DIVISION OF VITA	ATTENDING PHYSICIAN: Th	DIRECTOR CONTINUES CONTINUES	pure and made with the State	Am 28 is oderland or Harr
	TO THE HOSPITAL	TO THE FUNERAL	be filed within 72	IMPORTANT: If

		FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	IEALTH AND N	MENTAL HYGIENE REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Lest)	CHOLS				2. DATE OF DEATH DAY		
9	1	219-30-8957	OM 2 1 8.	In yrs. lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH] 2 - (Month, Day, Year)	Co	RTHPLACE (State or Foreign Suntry) ARVLANO
, 2, 3 should	стоя	9a. FACILITY NAME (If not institution, give street STAGNES HOSPITA RESIDENCE OF DECEDENT			Balti	NUYC	ATH	9c. COUNTY O	F DEATH
physician. burial-transit permit. Pages 1,	DIREC	10e. STATE 10b. COUNTY MARYLAND		10c. CITY	BALTIMO	ORE CITY			10d, INSIDE CITY LIMITS? 1X YES 2 NO
usit perm	FUNERAL	106. STREET AND NUMBER 2426 W. LANVALE ST	REET		101	21216		10g, CITIZEN O	OF WHAT COUNTRY?
	BY FUN		. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp			or No — 14. R	AACE — American Indian, Black, White, etc.
al or attend for use as	LETED			life. Do NOT use	ork done during mo retired.)		16b. KIND OF BUSH		
the hospital detached for once.	COMPL	12 th GRADE 17. FATHER'S NAME (First, Middle, Last)		DOMEST	[C_	18. MOTHER'S NAM	OWN HOMI AE (First, Middle, Meiden Si		
3 E &	BE	GEORGE WASHINGT	ON SMITH	19b. MAILING	ADDRESS (Street e	CORA	MARI loute Number, City or Town,		1
be re	TO	ETHEL ARMSTRONG		2426 W.	LANVAL	E STREET	, BALTIMORI		
		20a, METHOD OF DISPOSITION 1 Burlel 2 Cremellon 3 Ramoval 4 Donation 5 Other (Specify)	from State cem	PLACE AND DATEOR Detery, crematory or oth OWNSVILLE	er place)		1	ATION — CHY O	Town, State
after death. Page 6 m ay the funeral director, moval.	100	21. SIGNATURE OF FUNERAL SERVICE LICENS			JOSEP	H H. BRO	WN JR. FUNI	ERAL HO	
In certificate be executed with the certificate by the certificate and completely filled in the hygiene prior to burial, cremation, or retor or other traumatic event, the median or other traumatic event, the median	ERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Batween Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
law requires that the death as been signed by the atten ept. of Health and Merital P 23 shows any injury, or	MEDICAL CI	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. INSULIN DEPENDENT DIABETES MELLITUS 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
has the	SICIAN: I	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF		YES NO			
SICIAN: The certificate has the State Did, or item	l >- ∥	1 YES 2 XNO	OSPITAL: Inpetient 2 ER/Oulp	atient 3 DOA	OTHER: 4 - Nursing Hom	e 5 🗆 Rasidence i			
PHYSI Date Charle	у РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY WO	URY AT PRK?	28d. DESCRIBE HOW IN.	JURY OCCURED	,
(F)	ETED B	3 Suicide 8 Could not be 4 Homicide determined	28e, PLACE OF INJURY building, atc. (Spec	At home, farm, st	reet, factory, offic		28f. LOCATION (Street an- City or Town, State)	d Number or Ru	ral Route Number,
SPITAL INERAL Ini 72 Int: 11 II	COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN ONE) 2 MEDICAL EXAMINER: O							se(e) and manner ee stated.
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 IMPORTANT: If	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	Rapidat 1			29c. LICENSE NUM D-15144		P 8	NED (Month, Day, Year)
		TIN OO MANY ST	, AGNES	HOSPITA		CATON	NE, BALT	morú	き, かりとにより
		31. DATE ALE MON 3 1994	OF THE STRANGE SHOW	Amelant					

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HIGHER ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	THE FECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	rgiene prior to burial, cremation, or removal.	
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	1. DECEDENT'S NAME (First, Middle, Last)	,		CERTIF		n			2. DATE	REG. NO.			3. TIME OF DEATH	
	Gregory +	Jelson	Gregory Thomas Nelson					MONTH DAY			YEAR 94	805	OM	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs		IF UNDER 1 Y	EAR AYS	IF UNDER	24 HRS.		OF BIRTH			IPLACE (State or Forei	ign
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×	9a. FACILITY NAME (If not institution, give si	,	ND NO	0078	96. CITY, TO				ATH		9c. COU	NTY OF D	EATH	
5	UNIVERSITY OF		ND HO	SPIT	BAI	,'T' 1	MOR	E						
DIRECTOR	MD 10a. STATE 10b. COUNTY				y, town or i LTIM(10d. INSIDE CITY LIMITS?	
AL D	10e. STREET AND NUMBER			DA	LITMO	_	ZIP CODE				10a, CIT	ZEN OF V	VHAT COUNTRY?	٥
6	602 E. 35TH ST	REET					21:	218				U.S		
FUN	11. MARITAL STATUS 1 X Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.							N? (Specify Yes Rican, etc.)	or No —	14. RACE Black	— American Indian, c, White, atc.	
ВХ	3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES				2X XNO			, , , ,		Speci	ACK	
9	15. DECEDENT'S EDUC (Specify ogly-highest grade		16a.	DECEDENT'S	USUAL OCCL	PATIO	N st of working	a	168	b. KIND OF BUS	SINESS/INC		.ion	
LET	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT us	se retired.)			9						
COMPL	17. FATHER'S NAME (First, Middle, Last)			UNE	MPLO	EL		ED'S NAL	E /Eirot	Middle. Maiden	Suma mal			
ш	GREGORY THOMAS	BEADL	ES					MELA	, ,	A. NI		N		
TO B	19a. INFORMANT'S NAME (Type/Print)									ber, City or Town				
_	ANTONIO BEAI	DLES						. BA	_	O,MD.				
	1 GBurial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from State	cemetery	cremetory or o	ther place)				OAT	- 1	CATION —			
	21. SIGNATURE OF FUNERAL SERVICE ACCESSES													
	BETTS FUNERAL HOME 1129 N. CAROLINE ST. BALTO, MD21213													
	23. PARTA, Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									a				
	interval Between CAUSE (Final Constraint)													
	disease or condition reaulting in death)	MUHISO	istem	CACCA!	Yall	re							19dec	15
z	disease or condition resulting in death) a. Multisystem urgan Sallure Oue to (or as a consequence of): Oue to (or as a consequence of):													
9	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
IFICATIO	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events	PONO	OR AS A COM	SECUENCE O	allo	1	XU	MP	en	vonect	ass	(22)		
	resulting in death) LAST		(0.11.10.11.00.11		,.									
CE	PART ii. Other significant condition	s contributing to	death but n	ot resulting	in the unde	riving	COURA	lven in f	Part I	24- 140-411	AUTOBOV	1 245	WERE AUTOPSY FIND	WILLIAM TO SERVICE
DICA		inoch-bu		or rooming	iii tiiu diida	, y iii g	l cades A		art I.	PERFOR	MED?	240	AVAILABLE PRIOR TO COMPLETION OF CALL)
MED										1 TYES 2			OF DEATH?	,
AN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 1 YES 200 NO													
S S EXAMINER? HOSPITAL: OTHER:														
Ξ	1 TYES 2 NO 27. MANNER OF DEATH	26a. DATE OF	INJURY	28b. TIM	4 Nursing	_	9 5 🗆 Res	aldenca (_	er (Specify) SCRIBE HOW IN	NJURY OC	CURED		-
2	1 Natural 5 Pending 2 Accident Investigation	(Month, E	Day, Year)	IN.	M .	WOI	RK?	NO						
ED B	3 Suicide 6 Could not be	28a. PLACE C building,	F INJURY — A	t home, farm,	street, tactory	office	71		281. LOC	CATION (Street a	nd Number	or Rural F	Route Number,	
						_								
2 Accident 3 Suicide 4 Homicide 5 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axaminetion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.														
)	29b SIGNATURE AND TITLE OF CERTIFIER	The Della Of S	Administration and	- Investigatio	et, in my opin	on, or		NSE NUM		a and place, and				ed,
100	Ulfan Kan Bo	MD					Chiu	W Ma	nyku	. 2	DAT	191	(Month, Day, Year)	
0	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAU			-	_	Chiu Bo Hi	idan	4	. /	1		-	
	31. DATE FILED (Month, Day, You)	2 Z	256	reen	e 57.	2	BOHI	mor	CF	cy lan	2			
	Aug 23 1994	John	AUGUAL	tardall										

6.00---

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BALTIMORE, MARYLAND 21215-0020
filter death. Page 6 may be retained by the hospital or attending physician.
The funeral directior, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a forward after death. Page 6 may be retained by the hospit TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mernal Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

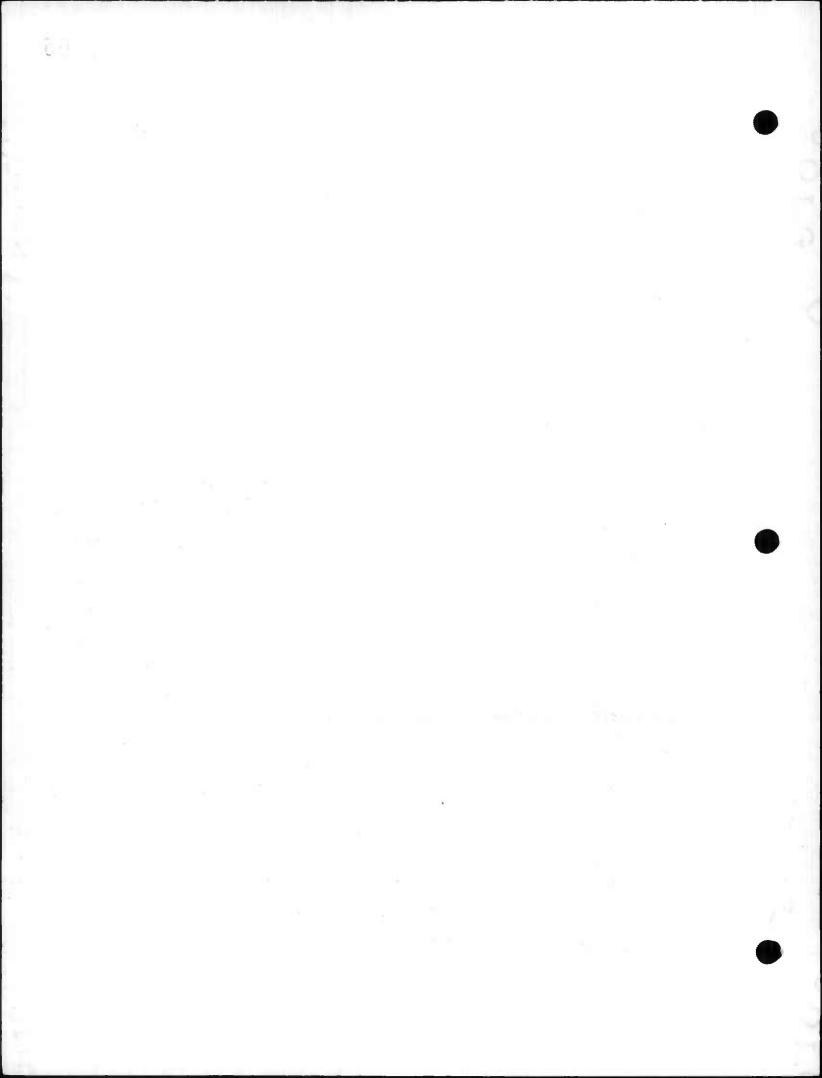
	1 - FOR STATE OF MARYLAND REGISTRAR	/ DEPARTMENT OF		NTAL HYGIENI REG. NO.	E					
	1. DECEDENT'S NAME (First, Middle, Last) Wilmer Ho Wilmer H. Nai	ke Nail	7 2.	DATE OF DEATH 8	77 94	3. TIME OF DEATH 5: 15 PM				
	214 42 1216 1 M 2 R F 8	MANUFACTURE TO STATE OF THE STA				NPLACE (State or Foreigh ory)				
TOR	98. FACILITY NAME (If not institution, give street and number) Nat'l Lutheran Home for RESIDENCE OF DECEDENT		or location of DEATH	1	9c. COUNTY OF E					
DIRECTOR	Maryland Montgomery Co	10c. CITY, TOWN OR LOC Rockvil				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	9701 Veirs Drive		20850		USA	WHAT COUNTRY?				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. / FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO If yes,	ECENDENT OF HISPANIC (specify Cuber, Maxican, Press 2 NO Specify:	ORIGIN? (Specify Yes uerto Rican, etc.)	Spec	E — American Indian, k, White, etc. #y: White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	DECEDENT'S USUAL OCCUPA (Give kind of work done during fie. Do NOT use retired.)	TION nost of working	16b, KIND OF BUS						
	17. FATHER'S NAME (First, Middle, Last)	Stockman	18. MOTHER'S NAME ((First, Middle, Melden S	Surname)					
) BE	William Bushey Naill 190. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street	Alice P	auline Number, City or Town	Hoke , State, Zip Code)					
2	Ms Barbara Carpenhagen	12207 Tawn	eyTownPik	e.Tawne	yTown.					
	20a. METHOD OF DISPOSITION 1									
	PL SIGNATURE OF FUNERAL SERVICE LICENSEE Ronald Was	655	N.Baltimo	re St,Ba	alto,MD	y Board 21201				
	23. MART I. Enter the diseases, or complications that caused the cabook, or heart failure. List only one cause on each lin IMMEDIATE CAUSE (Finel disease or condition resulting in death)	death. Do not enter the na.	ode of dying, such as	cardiac or respir	etory arrest,	Approximata Interval Batween Onset and Death				
NTION	Sequentially list conditions, if any, leading to immediate									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Bue TO (OR AS A CONSEQUENCE OF): Caracty of Values Chrolish									
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 24a, WAS AN AUTOPSY PERFORMED? ANILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
AN:	25. WAS CASE REFERRED TO MEDICAL	20	PLACE OF OEATH (Check of			1 YES 2 NO				
SIC	EXAMINER? 1	OTHER:	me 5 Residence 8							
ВУ РН	27. MANNER OF DEATN 1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY	JURY AT 286 PORK? YES 2 NO	d. DESCRIBE NOW IN	JURY OCCURED					
	2 Accident investigation 3 Suicide 6 Could not be detarmined 4 Homicide Homicide Could not be detarmined 5 Accident investigation 5 Accident investigation 5 Accident investigation 5 Accident investigation 5 Accident investigation 5 Accident investigation 5 Accident investigation 6 Could not be detarmined 7 Accident investigation 7 Accide									
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the filme, data and place, and due to the cause(a) and manner as stated.									
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIER 29c. AICENSE NUMBER 29c. AICENSE NUMBER									
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITI	EM 27) (Type, Print)			1,	1				
	AUG 2 1994									

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AUG 2 3 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF GEATH 3. TIME OF GEATH YEAR Janie McNeil 1994 16 9:45 P August 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 AF 214-62-0460 76 09 24 North Carolina the bunal-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9c. COUNTY OF DEATH DIRECTOR Maryland General Hospital Baltimore City 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore City 1 XYES 2 NO FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1800 Hollins Street 21223 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO retained by the hospital or attending physician 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Mexican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 1 Never Married 2 Merried BY 1 YES 2 XNO Specify. Specify: 3 X Widowed 4 Divorced Black use as 16a. DECEOENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) COMPLET Por Elementary/Secondary (0-12) College (1-4 or 5+) detached 6 Domestic Residential Homes 17. FATHER'S NAME (First Middle Last) ta. MOTHER'S NAME (First, Middle, Maiden Surname) 8 7 BE Josevh Mims Mary McCloud notified page 5 should 19a. INFORMANT'S NAME (Type/Print. 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Cleveland McNeil 4209 Pimlico Rd Balto. MD 21215 nours after death. Page 6 may be 90 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must tery, cremetor, Zion filled in by the funeral director, 4 Donation 5 Other (Specify) 8/23/94 Cemetery Landsdown. MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Unity Funeral Home 108 W. North Avenue Balto 21201 MD medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** ahock, or haert fallura. Liet only ona cause on sech line. intarvai Between ю IMMEDIATE CAUSE (Final Onset and Death cremation. event, the disease or condition Sepsis completely unknown reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) executed burial, Liver Failure traumatic and ınknown Sequentielly list conditione, DUE TO (OR AS A CONSEQUENCE OF) Hygiene prior to this certificate has been signed by the attending physician in with the State Dept. of Health and Mental Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING 2 CERTIFICAT Hepatitis 2 days death certificate CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL any 1 TES 2 1 NO OF DEATH? Shows 1 YES TONO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) tem HOSPITAL OTHER 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Hame 5 ☐ Residence 6 ☐ Other (Specify) 9 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, Natural N 5 Pending 1 YES 2 NO BY death DIRECTOR: After 2 Accident 26a. PLACE OF INJURY — At home, ferm, street, factory, offica building, atc. (Specify) 28 is r 3 Sulcida 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be after 4 Homicide Item 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and menner ea stated. TO THE HOSPITAL OF THE FUNERAL D BE filed within 72 ho 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Mydancia-Dayoso, H. U. 89223 8-16-94 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Aileen Garcia-Gayoso, M.D. c/o Maryland General Hospital 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)



funeral director, page 5 should be detached for use as the burial-transit Page 6 may be retained by the hospital or attending physician. ours after death.

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2

6 31. DATE FILED (Month,

Pages 1, 2, 3 should

permit.

DIRECTOR

1 - STATE REGISTRAR

10a. STATE

1. OECEDENT'S NAME (First, Middle, Last)

216-30-6928

4. SOCIAL SECURITY NUMBER

MARYLAND

10e. STREET AND NUMBER

EDNA POLLY NEWMAN

9a. FACILITY NAME (If not institution, give street end number)

3208 TANEY ROAD

MILFORD MANOR NURSING HOME

10b. COUNTY

FUNERAL 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO BALTIMORE, MARYLAND 21215-0020 It yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 XWidowed 4 Divorced ED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) COMPLET College (1-4 or 5+) 12 HOUSEWIFE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JULIUS HYMAN FRANK Ħ ANNA BE notified 19a. INFORMANT'S NAME (Type/Print) MR. JAY TANEY ROAD BALTIMORE, MD SZ1Z15 2 NEWMAN ě 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 20s. METHOD OF DISPOSITION

17 Apuriet 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) ARLINGTON-CHIZUK AMUNO 21. SIGNATURE OF FUNERAL SERVICE/LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS, INC. attending physician and completely filled in by the mail Hygiene prior to burial, cremation, or removal. medical 23 PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition resulting in death) event, CORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST the atter PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL agned by the that any Health a Sall shows PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 23 UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL SPITAL:
Inpatient 2 ER/Outpatient 3 DOA | There | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specify | Specif 1 YES NO b 27. MANNER OF DEATH 28e, DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? DIVISION OF marked. Natural 붙 5 Pending 1 YES 2 NO BY NDING 9 Accident Seath Ather 28a. PLACE OF INJURY — At home, term, atreet, factory, office building, atc. (Specify) 3 Suicide 10 ED 4 Homicide detarmined 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piecs, and due to the cause(e) end manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(e) and manner as stated. S 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 불분별 to WAR

30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATUR

Po

6. AGE (In yrs. last birthday)

DAYS

BALTIMORE

HOURS

MONTHS

10c. CITY, TOWN OR LOCATION

YRS.

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF OEATH 3. TIME OF DEATH AUGUST 17,1994 2:05 PM IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH JUNE 29, 1898 NEW YORK MIN. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE BALTIMORE 10d. INSIDE CITY 1 YES 2 | NO 10g. CITIZEN OF WHAT COUNTRY? 21215 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. Specify: WHITE 16b. KIND OF BUSINESS/INDUSTRY AT HOME HOROWITZ 20c. LOCATION — City or Town, Stata 8-19-94 BALTIMORE, MD 6010 REISTERSTOWN RD BALTIMORE MD 21215 Approximata Interval Batween Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY 1 YES 2 NO OF DEATH? 1 TES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (North,

L.

BALTIMORE, MARYLAND 21215-0020	FICAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hospital or attending physician.	entificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should), by territoral. t medical examiner must be notified at once.	
DIWSION OF VITAL RECORDS, P.O. BOX 68760	O THE HOSPITAL OR WITH IDITION HIGHAN: The law requires that the death certificate be executed with	THE FUNERAL DIRECTOR ATTENDED TO CONTINUE OF THE DESCRIPTION OF THE DE	e met writin 72 from the State Opp. O negatil and mental regions prior to borial, clarification, of emptyal. MPORTANY: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIENE		
1	1. DECEDENT'S NAME (First, Middle, Lest) Albert	В.	Oswald			2. DATE OF DEATH A MONTH 20	199 4 ^R	3. TIME OF DEATH 12:35 PM M
1	4. SOCIAL SECURITY NUMBER 216-01-6839	1 M 2 D F		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) AUG. 7, 19	Cour	HPLACE (State or Foreign try) RYLAND
TOR	9a. FACILITY NAME (If not institution, give STELLA MARIS RESIDENCE OF DECEDENT	street and number)	R LOCATION OF DI	OCATION OF DEATH BALTIMORE				
DIRECTOR	10a. STATE 10b. COUNT MARYLAND BAL'	Y FIMORE	10c. CITY, TOWN OR LOCATION TOWSON					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 918 SOUTHWICK DR	IVE		101.	ZIP CODE 21286		10g. CITIZEN OF	WHAT COUNTRY? USA
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, spe		NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	Blac Spe	CE — American Indian, ck, White, atc. city: WHITE
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	16a. DECEDENT'S US Give kind of work life. Do NOT use re CHAUFFEU	k done during mo: etired.)	t of working	16b. KIND OF BUS	INESS/INDUSTRY	
BE CON	17. FATHER'S NAME (First, Middle, Lest) JAMES		OSWALD		18. MOTHER'S NA MAY	ME (First, Middle, Malden S	Surname)	DECKER
2	198. INFORMANT'S NAME (Type/Print) NANCY C. OSWALD					Poute Number, City or Town		
	28g. METHOD OF DISPOSITION 11 Burlat 2 Cremation 3 Ren 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	novel from State cer	D. PLACEAND DATE OF I metery, cremetory or other AKE VIEW C	EM.	D ADDRESS OF FA	8/23/94 ELD		, MD.
CERTIFICATION	23 PART I. Enter the diseases, or shock, or heert feilure. iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that intitleted events resulting in death) LAST	Congest: C DUE TO (OR AS AS AS AS AS AS AS AS AS AS AS AS AS	ive Hear (A CONSEQUENCE OF): A CONSEQUENCE OF):			i as cerulac or respir	etory errest,	Approximate interval Between Onset and Desth
CIAN: MEDICAL CE	PART II. Other eignificent condition	ne contributing to deeth t	out not reculting in t	the underlying	ceuse given in	Pert I. 24s. WAS AN A PERFORM	MED?	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Ch			
BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		28b. TIME O	WOI M 1 Y	RY AT	6 Other (Specify) 26d. DESCRIBE HOW IN	JURY OCCURED	
ETED	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, and (Tipe	— Af home, farm, strac	at, factory, office		281. LOCATION (Street ar City or Town, State)	nd Number or Rural	Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINI	ICIAN: To the best of my snow ER: On the besie of as a set to	ledga, death occurred a	it the time, data	and place, and due	to the cause(s) and manr time, data and place, and	ner as stated.	(a) and manner as stated.
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LACENSE NUM			D (Month, Day, Year)
=	30. NAME AND ADDRESS OF PERSON WE Eddie Nakhud	la 2300 Dul	anev Val	ley RI). Tows	on, Mary	land 2]	204
	AUG 2 3 1994	Wastelson Raw	ACURE					

Inv requires that the death certificate be executed with Cours after death. Page 6 may be retained by the hospital or attending physician.

The property filed in by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be the that had Mental Hygiene prior to bunial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020**

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

The law requires that the death certificate be executed with TO THE HOSPITAL OR ATTENDING PRINS.
TO THE FUNERAL ORECTOR: After in Car
be filed within 72 hours after death
IMPORTANT: If Item 28 is manuful

I shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATI	E OF	DEAT	ГН	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
- 1	Henry S.	Orth							Augus	t 21		YEAR Q 4	м
į.	4. SOCIAL SECURITY NUMBER		VGE (In yrs. les	t birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7 0475 05 6	APPER A	1		HPLACE (State or Foreign
	214-01-4269	1 ☑KM 2 ☐ F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	OCt. 2	26, 1		Count	Md.
S.	9a. FACILITY NAME (If not institution, give str 214 Ridgely Road		96. CITY, TOWN OR LOCATION OF GEATH Timonium						Baltimore				
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 19e. CITY TOWN OR LOCATION 19ed INSIDE CITY												
뿐	io. or i, form on booking										10d. INSIDE CITY LIMITS?		
۵		I	'imor	ium							1 TYES 2 NO		
FUNERAL	100. STREET AND NUMBER 214 Ridgely Rd.					101	2109					U.S.	WHAT COUNTRY?
3	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. AR	MED	13.	WAS DEC			IC ORIGIN? (S	pecify Yes o			E American Indian,
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	Robert E. Lee Ort	h					Ac		Schu]		ornania)		
BE	19a. INFORMANT'S NAME (Type/Print)		101	, MAILING	ADDRES	S (Street =			loute Number, C		State 7to	Cortel	
2									moniun				
	Mrs. Laura Weller 200. METHOD OF DISPOSITION		20b. PLACE					. 11	DATE	20c. LOC			Class
	1 Buriel 2 Cremetion 3 Remo		cemetery, cred	metary or o	ther place!			Ω/	23/94				*
	21. SIGNATURE OF FUNERAL SERVICE LICE		HITIC	op se			D ADDRE			TOW	5011,	Mu.	
	DON'S	DE	_						Tunera				
	23. PART L Enter the diseases, or contained the sease or condition resulting in death.	omplications that cause of the	used the de on each lina	eth. Do r	not enter	the mo	de of dyl	ing, such	as cerdiec	or respire	AZI	reet,	Approximate interval Between Onset and Death
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Due to (on AS A CONSEQUENCE OF): c. Due to (on AS A CONSEQUENCE OF): d.												
: MEDICAL	PART II. Other significent conditions DID TOBACCO USE C	- 16.							_ 10	PERFORM	IED?	241	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED IN MEDICAL	ONTRIBOTE TO	J CAUS	L OF	DEA	_		NO EATH (CHE	ick only one)				
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D	27. MANNER OF DEATH	1 Inpatient 2 ER/ 28s. DATE OF INJU (Month, Day, Ye	IRY	28b. TIM		28c. INJ WO	URY AT		6 Other (Sp 28d. DESCRIE		JURY OC	CURED	
ED BY	2 Accident Investigation 3 Suicide 8 Could get be 4 Homicide dejermined	28e. PLACE OF IN. building, etc.	IURY — At ho (Specify)	me, ferm,	street, fac		/ES 2] NO	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Route Number,
COMPLETED	200 CERTIFIER	IAN: To the best of my i	knowledge, de	eth occurr	ed at the t	lime, data	and place	, and dua	to the cause(s) and mann	or se stat	ed.	· · · · · · · · · · · · · · · · · · ·
ON	2 MEDICAL EXAMINER	: On the basis of examin	nation end/or i	nvestigstic	n, in my o	opinion, d	esth occur	red at the	lime, dete and	piece, and	due to th	e ceuse(s) end menner as stated.
ш	280. SIGNATURE AND TITLE OF CERTIFIER		11	11	7		290 LICE	ENSE NUM	BER	. , T	29d. DAT	E SIGNE	(Month, Day, Year)
10 B	10. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	F DEATH (ITF	W 27) / None	Print1			19	145	/	18	-	22-94
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31. DATE FILED (Month, Day, Year) AUG 2 3 1994

102 REGISTRATUS SIGNATURE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within wours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burdar-parent permit permit pages 1.2 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: It liem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR **CERTIFICATE OF DEATH** REG. NO. 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 8 20 PAY Florence Marie Pohlman 13:20 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 F 220-18-9558 86 2/28/08 Maryland So. FACILITY NAME (If not institution, one street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR St. Agnes Hospital Baltimore, Maryland 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Maryland 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7600 Clays Lane U. S.A. 21207 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TYES 2 NO BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind at work done during most at working
life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY (Specify only higher Elementary/Secondary (0-12) College (1-4 or 5+) 8th Homemaker Homemaker 17. FATHER'S NAME (First, Middle Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William SCHARRER Julia A. MYERS 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1709 Stella Ct, Baltimore, MD Ann Finnel 21207 20s. METHOD OF DISPOSITION

1 Solution 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Cometery, cremetory or other place)
Lorraine Park Cemetery 8/24 Woodlawn, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC. imi 4107 Wilkens Ave, Baltimore, MD 21229 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximeta shock, or heart failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death elerolic Cardiovesa. Disease disease or condition LUS SELLUSTIC (
OUE TO (OR AS A CONSEQUENCE OF): reaulting in death) mia CERTIFICATION Seguentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 0 1 YES 2 NO lare 1 25. WAS CASE REFERRED TO MICHICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 59 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE M denc 8-20-9 uson 5 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED PUSE OF DEATH (ITEM 27) (Type, Print)

Pages 1, 2, 3 should

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. MEGISTHAR'S SIGNATURE

DIRECTOR: A

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH HERBERT PARKER AUG 94 9:00P 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN 8. BIRTNPLACE (State or Foreign Country) (Month, Day, Year) 9-3-1922 MONTHS DAYS HOURS MIN 217-40-0268 1 🔀 M 2 🗌 F YRS NORTH CAROLINA 9a. FACILITY NAME (If not institution, give street end number) 9c. COUNTY OF DEATN 9b. CITY, TOWN OR LOCATION OF DEATH 202 N. FREEMONT AVE. BALTIMORE CITY DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE CITY 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 202 W. FREMONT AVENUE 21217 USA. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE --- American Indien, Black, White, etc. If yes, specify Cuban, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES ΒY 3 X Widowed 4 Divorced Specify BLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) unknown LUMBER STACKER LUMBER YARD 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle Maiden Surname) स् WALTER PARKER BE notified DEBROW 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 **JAMES** 1153 NORTH CAREY STREET, A. SMITH BALTIMORE, MD. 21217 e 20e. METNOD OF DISPOSITION
1 □ Seuriel 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 4 Donation _5 Other (Specify) _ SACRED HEART OF JESUS CEMETERY BALTIMORE, MARYLAND 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST., BALTIMORE, 23. PART I. Effer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata shock, or heert feliure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Finel Onset and Dasth disease or condition ATHOROGUENOTIC COMMOVASUMON DISEASE
DUE TO (OR AS A CONSEQUENCE OF): resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other t DUE TO (OR AS A CONSEQUENCE DF) thet initiated evente resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? any 1 YES 2 NO shows DUPSTONO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 4 - Nursing Nome 5 Residence 8 - Other (Specify) 0 27. MANNER OF DEATH 28b. TIME OF INJURY 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is r 3 Suicide 8 Could not be PLETED 4 Nomicide determined 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the ceuse(a) and menner ee stated. MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and menner es stated.

29c. LICENSE NUMBER

(Old My 111 Penn Street, Baltimore, Maryland 21201

O.C.M.E.

14/94

29d. DATE SIGNED (Month, Day, Year)

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00.0 1 - FOR STATE REGISTRAR

		1. OECEDENT'S NAME (First, Middle, Last) Caroline	т.		D	eters	201	n	2. DATE OF DEATH AUGUST I	6 199	YEAR 3	0021
		4. SOCIAL SECURITY NUMBER		(In yrs. les		IF UNDER 1 YE	_	IF UNDER 24 HRS.	7. DATE OF BIRTH			LACE (State or Foreign
		220-38-9204	1 M 2X F	51	YRS.	MONTHS D	AYS	HOURS MIN.	(Month, Day, Year) 7-24-1943		Country) MARYI	
should		9a. FACILITY NAME (If not institution, give si	reet and number)	<u> </u>		9ь. СІТУ, ТО	WN O	R LOCATION OF DE		9c. COUNT		
2, 3	ECTOR	2519 W. :anva	le Street			Bal	Lt:	imore				
10es 1,	1 2	10e. STATE 10b. COUNTY			10c. CITY,	TOWN OR L	OCAT	ION			1	Od. INSIDE CITY
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	ERAL	100. STREET AND NUMBER 2519 W. LANVALE S'	треет				101.	ZIP CODE				AT COUNTRY?
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21215-0020 al or attending physic for use as the burlal	BY F	1 Never Married 2 Married 3 Widowed 4 X Divorced	FORCES? 1 YES		10	If yo	s, spe	2X NO Specifi	n, Puarto Rican, atc.)		Black, Specify:	White, atc.
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ORE, 6 may be ctor, page		20a. METHOD OF DISPOSITION 1 X Burial 2 Commetted 3 Remo	oval from State	b. PLACE A	ND DATE OF	DISPOSITIO	N/Nai			CATION - CI		
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	N.	DID TOBACCO USE CONTR	LIBUTE TO CAUSE C					UNCERTAIN	<u> </u>	ces		<u> </u>
N: The law ficate has t	SICI	EXAMINER? YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out		- 4	OTHER:		- X	8 Other (Specify)			
HYSICIA his certif		27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	patient 5	28b. TIME	OF 28c	_	JRY AT	28d. DESCRIBE HOW I	NJURY OCCU	RED	
DING PHYS After this death with	BY	Natural 5 Pending Investigation				M 1	_ Y	ES 2 NO				
affer affer	ETED	3 Suicide 5 Could not be 4 Homicide determined	28a. PLACE OF INJUR' building, etc. (Spe	Y — At hor	ne, farm, str	eet, fectory,	office		281. LOCATION (Street I City or Town, State)	and Number or	Rural Rou	te Number,
現れた日	8	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2X MEDICAL EXAMINE	CIAN: To the best of my known: R: On the beels of examination	wledge, das on and/or is	nth occurred	at the fime, in my opinio	date on, de	end pleca, and dua eath occured at the	to the cause(s) and mar	ner as atated	, cause(s) e	nd manner as stated.
HE HOSPI HE FUNES ID WITHIN	BE C	296. SIGNATURE AND TITLE OF CERTIFIER	11 7				Т	29c. LICENSE NUN	IBER	29d. DATE S	SIGNED (M	fonth, Day, Year)
127	10	30. NAME AND ADDRESS OF PERSON WHO	Kurg ch	۵,				0.C.	M.E.	Au	gus	t 16 199
(5		THEODORE M	COMPLETED CAUSE OF DE					- t - D	142		-	
		31. DATE FILED (Month, Day, Year)	Janual or han	T J. J	. Per	m St	.T.E	et, Ba	ltimore,	mary	Lan	a 21201
		AUG 2 3 1994 Ju	M CONTRACTOR	Dall								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

11.

Mario F. Go
31. DATE FILEO (Month, Day, Year)
AUG 2 3 1994

,32. REGISTRAR'S SIGNATURE

TENDING PHYSICIAN. The two requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after centilize has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after centilize the page of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 IMPORTANT: Il item 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. ISION OF VITAL RECORDS, P.O. BOX 68760, THE OT THE De filed

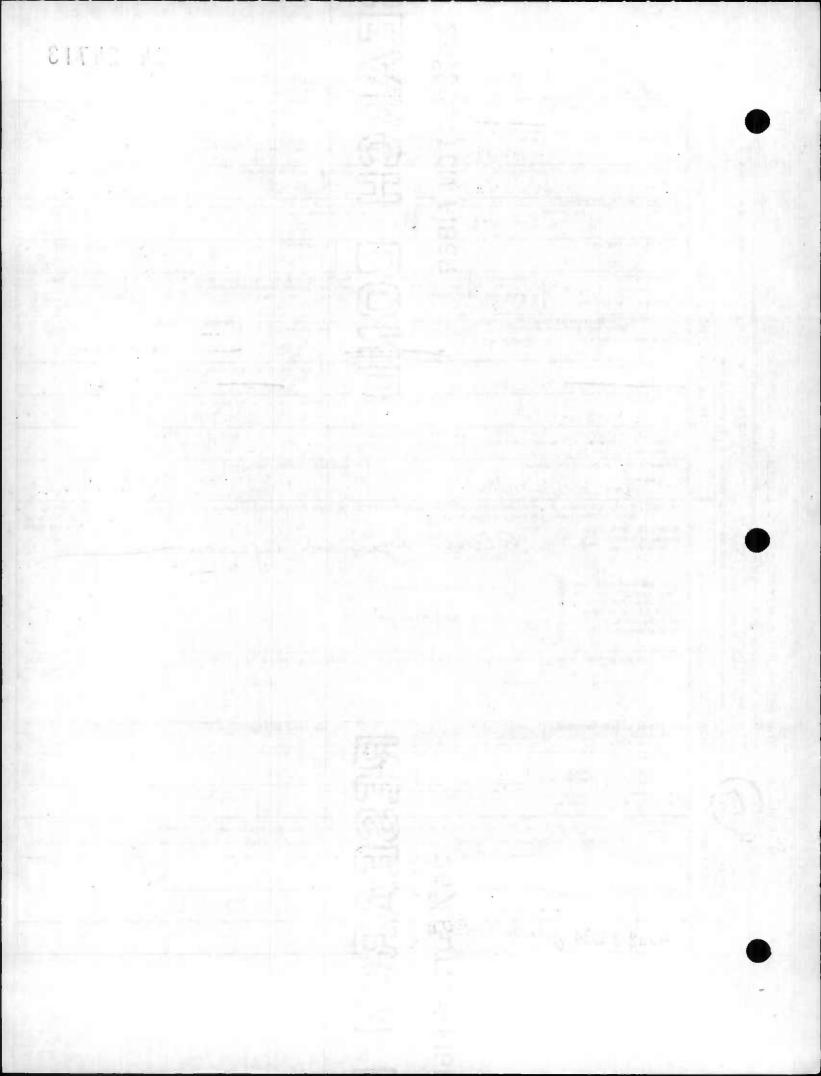
	ITEM: 19a, PER F.H. FILM G-71	1 8/26/01	+ +			94	21	1112	
	1 - STATE REGISTRAR STATE OF MARYLA	ND / DEPART		EALTH AND I	MENTAL HYGIEN				
1	1. DECEDENT'S NAME (First, Middle, Last)		- TIL 01	DEATTI	2. DATE OF OEATH	<i>)</i> .		3. TIME OF DEATH	
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		vrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.		21,		02:41 A	
	215–34–8089 ¹½™²□F	,	ONTHS DAYS	HOURS MIN.	Jan. 7, 193	20	Country)		
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œ					AIH	9c. CO	UNTY OF DE	ATH	
5	SHOCK TRAUMA		BALTIM	<u>IORE</u>					
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ā	Md. Baltimore	=		E	ssex			LIMITS?	
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FUNERAL	343 Ida Ave.			2	1221	U	ISA		
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U		13. WAS DECI	ENDENT OF HISPAN	IIC ORIGIN? (Specify Ye	a or No-	14. RACE	- American Indian,	
	1 ☐ Never Married 2 ☐ Married FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT		If yes, spe	city Cuban, Mexica 2X NO Specifi	n, Puerto Rican, atc.)		Black, Specify	White, etc.	
ВУ	3 Wildowed 4 Divorced							hite	
	15. DECEOENT'S EDUCATION (Specify only highest grade completed)	16a. OECEDENT'S US	SUAL OCCUPATIO	N t of working	16b. KIND OF BU	SINESS/IN	DUSTRY		
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MP	12th	Beth S	Steel						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maider				
BE	Noah S. Price Sr.			Agne	s Plewacki				
2	190. INFORMANT'S NAME (Type/Print) MARY JEAN PRICE				loute Number, City or Tox		ip Code)		
71	Mary Jane Price	343 10	aa Ave.	Baltimo	re Md. 212	221			
		LACE AND DATE OF ery, crematory or othe		ne of	OATE 20c. LC	CATION -	- City or Tow	n, Slete	
	4 Donation 8 Other (Specify) Sac	redHear	tofJesus		y8/24 / 94 I	unda	lk Md	•	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	0/		D ADORESS OF FA		- F T			
	R. Tasky Care	10,,		_	eral Home Baltimor			21	
	23. PART I. Enter the diseeeas, or complications that caused t	he deeth. Do not	t enter the mod	la of dying, auc	as cerdiec or reap	iratory a	rreat.	Approximate	
J	23. PART I. Enter the diseases or committeetions that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahock, or heart failure. List only one ceuse on sech line. Approximate interval Between Onset and Death								
	disease or condition	VE IN	JURIE	25				Onset and Death	
	resulting in deeth) DUE TO (OR AS A C		0001-00				_		
z								İ	
CERTIFICATION	Sequentially liet conditione, if any, leading to immediate	ONSEQUENCE OF):						1	
CA	cause. Enter UNDERLYING CAUSE (Disease or injury								
E	that initiated evente OUE TO (OR AS A C	ONSEQUENCE OF):							
E	resulting in deeth) LAST								
	PART ii. Other significent conditions contributing to deeth but	not resulting in	the underlying	cause diven in	Pert I. 24a, WAS AN	AUTOBOY	1 000 1	TOPE ALIVORAY ENIDAGE	
₹		not rooditing in	the underlying	codse Siveri III	PERFO	RMEO?		VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE	
					1 X YES :	□ NO		OF DEATH?	
PHYSICIAN: MEDICAL	DID TODA COO LICE CONTRIBUTE TO CALLED OF				'`		1	ES 2 NO	
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF 25. WAS CASE REFERRED TO MEDICAL			UNCERTAIN	1 🗆 📗			/-	
<u> </u>	EXAMINER? HOSPITAL:	. PLACE OF OEATH	OTHER:						
<u> </u>	1 X YES 2 NO 1 Inpetient X ER/Outpet				8 Other (Specify)				
	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (TY WO	łK?	28d. DESCRIBE HOW	INJURY OC	CUREO	Impact	
B√	3 XAccident Investigation 08-21-94	0130		ES 2 NO	DRIVER, A	भगाठ	VS FD	ED OBJECT	
<u>۵</u>	Suicide E Could not be building, etc. (Specify	At home, tarm, atre	et, factory, office	'	261. LOCATION (Street City or Town, State,		or or Rural Ro	104)	
Ē.	1 Marie (1.1.1.2)	STREET			MILLER ISI	AND	RDXI	2th ST BALTIN	
COMPLETED	(Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowled only one)							-	
<u>ģ</u>	MEDICAL EXAMINER: On the Maele of examination a	ind/or Investigation,	in my opinion, de	eth occured at the	time, dete and place, as	nd due to t	he ceuse(a)	and menner se stated.	
w II	200 SIGNATURE AND TITLE OF DENTIFIER			29c. LICENSE NUN	BER	29d. OA	TE SIGNED (Wonth, Day, Year)	
α	The state of the			00	CME	▶ ΔTI	GUST	21,1994	
임	30. NAME AND ADDRESS OF PERSON BYTO COMPLETED CAUSE OF DEAT								
- 1	Mario F. Golle Jr. M/D.	lll Pen	n Stre	et, Ba.	ltimore,	Mar	ylan	d 21201	

		AME (First, Middle, La		1	100				OF DEATH	W.	VEA 0	3. TIME OF OEATH	
	CHARLI		DEMAINE		PATTE			08			¥4	11:22 AM	
В	4. SOCIAL SECUR		5. SEX 8.	AGE (in yrs. last birthday) 59 YRS.			F UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH	1935	Count	PLACE (State or Foreign	
			ive street and number)	3,	9b. CITY, 1	TOWN OR L	LOCATION OF	1					
OR			HOSPITAL AS	SOCIATION	G	LEN E	BURNIE		A.A. COUNTY				
DIRECTOR	THE SIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Anne Arundel Odenton									10d. INSIDE CITY			
AL	MD	Ann	e Arundel	Ode	enton							LIMITS? 1 YES 2X NO	
	10e. STREET AND	NUMBER UCE AVE	7110								CITIZEN OF WHAT COUNTRY?		
FUNER	11. MARITAL STAT		12. WAS DECEDENT EX	VER IN U.S. ARMED	13. W			NIC ORIGI	N? (Specify Yea			— American Indian.	
BY F	1 Never Marrie	d 2 KMarried	FORCES? 15 1 1 9 5 4 -	YES 2 □ NO OR DATES	H		fy Cuban, Maxi	an, Puerto				, White, alc.	
ED E		15. DECEDENT'S E	EDUCATION	16a, DECEOENT	S USUAL OCC	CUPATION		166	. KINO OF BUS	SINESS/INDUS	STRY	WILLE	
ET	Elementary/Se	Specify only highest gr condary (0-12)	College (1-4 or 5+)	life. Do NOT		4.4		Mi	litary			0.6	
COMPLET	12			Road (rew		force		ir Fo		oui	nty-	
	Henry	(First, Middle, Last)	Patterson			18			Middle, Malden		Da	vis	
TO BE		S NAME (Type/Print)	Luccerbon	19b. MAILIN	G ADDRESS	(Street and I			ber, City or Town				
۲	Carol :	Patters	on	495 H	Bruce	Ave	enue,	Ode	nton,	MD 2	211	13	
	XXBurial 2 🗆	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of State Symptom). PLACE AND DATE OF DISPOSITION (Name of State Symptom). PLACE AND DATE OF DISPOSITION (Name of Symptom). PLACE AND DATE OF DISPOSITION (Name of Symptom).											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									10, 110			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home, P.A.												
	iMMEDIATE CA disease or con	ock, or heart fellu JUSE (Final dition	or complications that care. List only one cause	on each line.	Ha 12 not enter t	rdes Ric	sty Fi dgely of dying, au	Ave	. Anna	apoli	s,	MD 2140 Approximat	
RTIFICATION	sho IMMEDIATE CA	use (Final dition ath) st conditions, to immediate NDERLYING to rinjury vents	a. DUE TO (OR DUE TO (OR C.	on each line.	Ha 12 not enter t	rdes Ric	sty Fi	Ave	. Anna	apoli	s,	MD 2140 Approximat	
CAL CE	sht IMMEDIATE CA disease or con resulting in de Sequentially il: if smy, leading cause. Enter U CAUSE (Diseas that initiated er resulting in de	ck, or heart felluruse (Final diltion ath) at conditions, to immediate NDERLYING se or injury vents ath) LAST	a. DUE TO (OR DUE TO (OR C.	AS A CONSEQUENCE OF	Ha 12 not enter t DF):	Rice Rice Rice Rice Rice Rice Rice Rice	sty Fi dgely of dying, au	Ave Ave ch as car	. Anna	AUTOPSY	S,	MD 2140 Approximatinterval Bel Onset and	
MEDICAL CE	sht IMMEDIATE CA disease or con resulting in de Sequentially il: if smy, leading cause. Enter U CAUSE (Diseas that initiated er resulting in de	ck, or heart felluruse (Final diltion ath) at conditions, to immediate NDERLYING se or injury vents ath) LAST	a. DUE TO (OR DUE TO (OR d.	AS A CONSEQUENCE OF	Ha 12 not enter t DF):	Rice Rice Rice Rice Rice Rice Rice Rice	sty Fi dgely of dying, au	Ave Ave ch as car	Anno	AUTOPSY	S,	Approximatinterval Bet Onset and I	
ICIAN: MEDICAL CE	immediate Cadisease or con resulting in de Sequentially III if any, leading cause. Enter U CAUSE (Disease that initiated erresulting in de PART II. Other	ck, or heart feitures condition atth) st conditions, to immediate NDERLYING se or injury vents atth) LAST significant conditions c	a. DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	AS A CONSEQUENCE OF AS A C	Ha 12 not enter t DF):	Rides Rid the mode	sty Fi dgely of dying, au	Ave Ave ch as car	Anno	AUTOPSY	S,	MD 2140 Approximate interval Bet Onset and to Onset and t	
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MPLETED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CA disease or con resulting in de Sequentially il if sny, lesding cause. Enter U CAUSE (Disease that initiated eresulting in de PART II. Other 25. WAS CASE REEXAMINER? 1 NES 2 27. MANNER OF D 1 Netural 2 Accident 3 Suicide 4 Nomicide 29a. CERTIFIER (Check only)	ck, or heart fellu USE (Final dition ath) st conditions, to immediate NDERLYING is or injury vents ath) LAST significant condit FERRED TO MEDICAL NO EATN 5 Pending investigative 6 Could not detarmined	B. DUE TO (OR DUE TO (AS A CONSEQUENCE (AS A CONSEQUE	Ha 12 not enter t OF): OF): OF): OTHER: 4 Nursi	26. PLACE: ing Nome ! 26. PLACE: ing Nome ! 27. INJURY 1 YES ry, offica	ause given i	A Ve Ch as car Pert i.	Annodiec or respi	AUTOPSY MED? I NO NJURY OCCU	24b.	MD 2140 Approximate interval Bet Onset and II WERE AUTOPSY FINA AMAIL ABLE PRIOR TO COMPLETION OF CALL OF DEATH? 1 YES 2 No.	
COMPLETED BY PHYSICIAN: MEDICAL CE	She immediate the immediate the immediate concentration of the immediate	ck, or heart fellu USE (Final dition ath) st conditions, to immediate NDERLYING is or injury vents ath) LAST significant condit FERRED TO MEDICAL NO EATN 5 Pending investigative 6 Could not detarmined	B. DUE TO (OR DUE	AS A CONSEQUENCE (AS A CONSEQUE	Ha 12 not enter t OF): OF): OF): OTHER: 4 Nursi	26. PLACE 26. PLACE 26. PLACE 27. Office To gray work 1 YES Try, office	sty Fildgely of dying, au cause given i E OF DEATN (0 5	AVE ch as car A Pert i. check only o 28d. DE 26f. LOC Chy as to the ca e time, dath	Annodiec or respi	AUTOPSY MED? INJURY OCCUMENT Number or stated due to the of	24b.	Approximatinterval Bet Onset and I onset a	
BE COMPLETED BY PHYSICIAN: MEDICAL CE	She immediate the immediate the immediate concentration of the immediate	ck, or heart fellu USE (Final ditton at conditions, to immediate NDERLYING to or injury vents ath) LAST significant condit FERRED TO MEDICAL NO EATN 5 Pending Investigate 6 Could not determined	B. DUE TO (OR DUE	AS A CONSEQUENCE (AS A CONSEQUE	Ha 12 not enter t OF): OF): OF): OTHER: 4 Nursi	26. PLACE 26. PLACE 26. PLACE 27. Office To gray work 1 YES Try, office	ause given i	AVE ch as car A Pert i. check only o 28d. DE 26f. LOC Chy as to the ca e time, dath	Annodiec or respi	AUTOPSY MED? INJURY OCCUMENT Number or stated due to the of	24b.	MD 2140 Approximatinterval Bet Onset and II Onset and II WERE AUTOPSY FINA AMAIL ABLE PRIOR TO COMPLETION OF CALOF DEATH? 1 YES 2 No.	
E COMPLETED BY PHYSICIAN: MEDICAL CE	Show the state of	CK, or heart fellu USE (Final ditton with) at conditions, to immediate NDERLYING to immediate NDERLYING to immediate NDERLYING to immediate NDERLYING to or injury vents ath) LAST significant conditions of Conditions of Could not determined to Could not determined to CERTIFYING PM CENTIFYING PM CERTIFYING PM CENTIFYING PM	B. DUE TO (OR DUE	on each line. AS A CONSEQUENCE of AS A CONSEQUENCE OF AS A CONSEQ	OFF: OFF:	26. PLACE ing Nome to the service of	eause given in the control of the course of	AVE AVE ch as car Pert I. Pert I. 28d. DE 26f. LOC Chy se to the ca e time, date JMBER	24a. WAS AN PERFOR 1 YES 2 CATION (Street a or Town, State) use(a) and mar a and place, an	AUTOPSY MED? INJURY OCCUMENT Number or stated due to the of	24b.	Approximatinterval Bei Onset and Ons	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5	be 11-41 when 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	deportment if them 28 is marked or item 22 shows any injury or other trainmatic event the medical examiner must be no
T	FF	3	Tu
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	1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF			GIENE 3. NO.			
7	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH	3. TIME OF DEATH		
	Hester	Thelma	Phillip	2.5		MONTH 80	2()	94 0125 A		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR (Month, Day,	TH	B. BIRTHPLACE (State or Foreign Country)		
	217-01-6618		89 YRS. MONTHS DAYS HOURS		HOURS MIN.	April 16,1905		Maryland		
	9e. FACILITY NAME (If not institution, give at				OR LOCATION OF D	EATH 9c. COUNTY OF DEATH				
E	St. Agnes Hospi	tal		Balti	nore		Ci	Lty		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CI	Y, TOWN OR LOCA	TION			10d. INSIDE CITY		
E I	Maryland Bal			Baltimo				LIMITS?		
	100. STREET AND NUMBER	timore		10	r. ZIP CODE		10m CITIZ	ZEN OF WHAT COUNTRY?		
ER/	1101 Glen Eagle	Road			2123	39	100	ed States		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Spec		14. RACE — American Indian.		
BY F	1 Never Married 2 Merried	FORCES? 1 YES		If yes, s	pecify Cuben, Mexic	en, Puerto Ricen, a		Black, White, etc.		
	3 🔀 Widowed 4 🗌 Divorced							Speciny: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	:ATION completed)	(Give kind of	Work done during m		16b. KIND	OF BUSINESS/INDU	USTRY		
삗	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	,						
<u> </u>	10th grade		Switch	board Op				Hospital		
8 8	17. FATHER'S NAME (First, Middle, Last) John Carey					AME (First, Middle,				
TO BE COM	19e. INFORMANT'S NAME (Type/Print)		Lank Man Inv			ne Gilli				
유	Mrs. Patricia Sa	1201150			and Number or Rural Drive					
	20e. METHOD OF DISPOSITION		b.PLACE AND DATE			Finksbu	_	21048		
	1 Suriel 2 Cremetion 3 Remo	val from State	metery, crematory or o	Park Cen	ame or	L	oc. Location — c Woodlawn			
	21. SIGNATURE OF FUNERAL BERVICE LIC				ND ADDRESS OF F		WOOdlawii	, FID		
	b Some	A CA	eval/	Lorin	g Byers	Funeral		rs, Inc.		
\vdash	Jana	000	repy	8728	Liberty	Road R	andal1st	own, MD 21133		
	23. PART I Enter the diseasea, or c shock, Dr haart fallura. I	omplications that ceuse list only one cause on a	ed the death. Do a	not enter the me	ode of dying, au	ch aa cerdlac o	reapiratory arre	eat, Approximete Interval Between		
	IMMEDIATE CAUSE (Final disease or condition	10	/	6.	1 0			Onset and Dea		
	resulting in death)	. 6		ricem	1 a			days		
			A CONSEQUÊNCE O					der		
N N	Sequentially list conditions,	DUE TO (OR AS	A CONSCIUENCE O	۸.				1		
¥	If any, leading to immediate cause. Enter UNDERLYING	CITT						lun		
ΙĔΙ	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):				1		
CERTIFICATION	resulting in death) LAST	4.								
	PART II Other significant condition	a contribution to death i		1						
동	PART II. Other significant conditions	1 contributing to death i	but not resulting	in the underlying	ig ceuse given in		AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO		
MEDIC	-/V 1001	1	/ /V			10	YES INO	OF DEATH?		
Σ	212 722 4222 442		21112				, (1 TYES 2 NO		
PHYSICIAN:	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO	CAUSE O		YES N					
<u></u>	EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C					
14S	1 YES 2 NO 27. MANNER OF DEATH	Inpatient 2 ER/Out	petient 3 DOA		ne 5 Residence			unen.		
	Netural 5 Pending	(Month, Day, Year)		JURY W	JURY AT DRK? YES 2 NO	280. DESCRIBE	HOW INJURY OCC	UNED		
B	Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR	Y — At home, ferm.			28f LOCATION	Street and Number	or Rural Route Number,		
윤	4 Homicide 8 Could not be	building, etc. (Spe	ecify)			City or Town		or runar round marriago,		
Ē	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of an incident	wlades doub	and at the star of the	and at-	4-41-	A Committee of the committee of			
MPL	ann)	CIAN: To the beet of my known: R: On the beele of examination						od. o ceuse(e) end menner ee stated,		
Ä	BIS SIGNATURE AND TITLE OF CERTIFIER									
7	T STONAL ONE AND THEE OF CENTIFIER				29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day, Year)		
è	M NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Tune	Print)						
	BARAKAT	MARIAM	D000	MON	Are	Balton	MIL	MD2/229		
		EGISTI AR'S NGI			/ 14	/	-0 /	1		
	AUG 8 8 1994	Jane monda	K. W. W. W. W. W.							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the float heath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It less a smarked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	FICATE C	F DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH									
	CLARA FERN	PEELER				MONTN			YEAR Q/I	м.
ron	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	Augus 7. DATE OF	BIRTH	20	a. BIRTI	NPLACE (State or Foreign
	219-28-0280	1 M 2 X F	61 YRS.	MONTHS DA		May	25,19		Ne	W York
	96. FACILITY NAME (If not institution, give street and number) 114 Litton Dale Lane			96. CITY, TOWN OR LOCATION OF DEATN Pasadena				9c. COUNTY OF DEATH Ann Arundel		
គ្គ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c Ci	TY, TOWN OR LO	CATION					10d. INSIDE CITY
BE COMPLETED BY FUNERAL DIRECTOR	Flordia Col	lier		ples	ZATON					LIMITS?
	100. STREET AND NUMBER 413 Augusta Blvd.			101. ZIP CODE 33962			10g. CITIZE			WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:		ES 2 XNO	NO If yes, specify Cuban, Maxi				or No—	14. RACE — American Indian, Black, White, etc.	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		18a. DECEDENT'S	in. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			16b. KIND OF BUSINESS/INDUST			
	Elementary/Secondary (0-12) College (1-4 or 5+)			life. Do NOT use retired.) Homemaker			Own Home			
	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, M				alden Surname)		
	Raymond Jackson			Grace Muller						
စ္	19a. INFORMANT'S NAME (Type/Print)	olon Jo	19b. MAILIN		eet and Number or Rural		City or Tow	n, State, Zij	Code)	
	Mr. Joseph G. Per				ime as 10e	-	1.00			
	1 💢 Burial 2 🗆 Cremation 3 🗆 Ren 4 🗆 Donation 5 🗆 Other (Specify)	noval from State	MOLE 1 and date		I Park 8/	20c. LOCATION — City or Town, State Balto. Md.				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc.									
	23 PART i Fotar the diseases of	Monard C. Schaffer Mr. 5305 Harford Rd. 21214								Approximata
	ahock, or heart failura. IMMEDIATE CAUSE (Final disesse or condition resulting in death)	a. Cult	n each line.	u	witt		ede			Interval Between Onset and Death
MEDICAL CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.									
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						PERFOR	I. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATN?		
. ME	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO									
M	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/0	Outpatient 3 DOA	OTHER:	Home 5 - Residence		loecity)			
PHYSICIAN:	27. MANNER OF DEATN	28s. DATE OF INJU	RY 26b. TII	ME OF 28c	INJURY AT	28d. OESCR		NJURY OC	CURED	
BY P	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation		sr) IN	JURY M 1	WORK? M 1 YES 2 NO					
- 1				t home, farm, atreet, factory, office			26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as started. 2 MEDICAL EXAMINER: On the best of sxemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as started.									
BE CO	290. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER					29d. OATE SIGNED (Month, Day, Year)				
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATN (ITEM 27) (Type, Print)								P	
	Charles Wu M D 1600 Crain Hivy Rm 306 Glen Burnie, Md 21061									
- 1	31 0 ALUE 2 3 1994 /			17 8						

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Part Alexander Commence of the

	The TOTATION OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within all ours after death. Page 6 may be retained by the hospital or attending physician.	THE TUP SHALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1	To hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANE If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	ed within	ompletely fi	u, cremation	event, th	
	be execute	cian and c	or to buria	aumatic	
	certificate	ding physic	lygiene pri	other to	
	he death	the attend	Mental H	njury, or	
	res that t	igned by	ealth and	rs any i	
	law requi	s peen s	ept. of H	23 show	
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	PHYSICI	this cert	with the	arked, o	
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1	C	五光	Sing.	POFITA	

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART				GIENE G. NO.			
1	1. DECEDENT'S NAME (First, Middle, Lest)	Henry	PRZYBYLOWICZ			2. DATE OF DE MONTH August	DAY	94 3.	TIME OF DEATH 6:55 p m	
COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 216-03-7962A	1 XM 2 - F	85 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day, 10 - 07	TH	a. BIRTHPL Country)	ACE (State or Foreign	
	98. FACILITY NAME (If not institution, give street and number) FRANKLIN SQUARE HOSPITAL RESIDENCE OF DECEDENT			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore Co						
	100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE						10d. INSIDE CITY LIMITS? 1 TYES 2 NO			
	100. STREET AND NUMBER 748 STENGLE AVENUE				10f. ZIP CODE 10g. (CITIZEN OF WHAT COUNTRY? USA	
	11. MARITAL STATUS 1 Never Merried 2X Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 1 NO IF YES, GIVE WAR OR DATES								American Indian, /hita, atc.	
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during me retired.)	ist of working	16b. KIND	OF BUSINESS/INDU			
N N	8 YEARS 17. FATHER'S NAME (First, Middle, Last)		ELECTRI	CAL R	SPAIR 18. MOTHER'S NA	ME /Elms Middle	Maiden Sumanel			
BE	IGNATIUS PRZYBYLOWICZ				JADWI		KULSKA			
				DORESS (Street			y or Town, State, Zip	Code)		
임	MRS. ANNA PRZY	BYLOWICZ	748 ST	ENGLE	AVENUE	BALTO	. MD. 2	21222		
	MRS. ANNA PRZYBYLOWICZ 748 STENGLE AVENUE BALTO. MD. 21222 **Me. METHOD OF DISPOSITION **Policy of Town, State 4 Donation 5 Other (Specify) **Policy of Town, State *									
	KACZOROWSKI FUNERAL HOME 1201 DUNDALK AVENUE BALTO. MD. 21222									
								interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d									
PHYSICIAN: MEDICAL	Severe dehydration					WAS AN AUTOPSY PERFORMED? YES 2XXNO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
Z	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO IN									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
IXS!	1 TYES 2 TYNO	1 Xinpatient 2 - ER/O	ER/Outpatient 3 DOA 4 Nursing Home 5 Realdence 8 Other (Specify)							
	27. MANNER OF DEATH 1 X Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Year		RY WO	URY AT	28d. DESCRIBE	HOW INJURY OCC	URED		
ED BY	2 Accident Investigation 3 Suicide S Could not be determined	RY — At home, term, street, factory, office ecity)		YES 2 NO	281. LOCATION (Street and Number or Rural City or Town, State)			e Number,		
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and manner se stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
BE	29b. SIGNATURE AND TITLE OF CERTIFIER MINISTRACTION M.D.				29c. LICENSE NUI		29d. DATE SIGNED (Month, Day, Year) 8, 14, 94			
10	Nimish Gosrani.	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Nimish Gosrani, MD, 2000 Franklin Square Drive, Baltimore, Maryland 21237								
	31. DATE FILAD DOWN 2013 1994 PREGISTRAR'S SIGNATURE									

BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or affending physical
MARYL	retained by t
IMORE,	Page 6 may be
BALT	s after death.
	with.
X 6876	e executed
S, P.O. BOX 68760	death certificate be executed with
S,	death

DR ATTENDING PHYSICIAN: The law requires that the

DIVISION OF VITAL RECORDS, TO THE HOSPITAL
TO THE FUN FALL
TO THE FUN FALL
TO THE MAN THE

TED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE

After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be marked for use as the burial-transit permit. Pages 1, 2, 3 should be marked for use as the burial-transit permit. Pages 1, 2, 3 should be marked for use as the burial-transit permit. Pages 1, 2, 3 should be marked for use as the burial-transit permit. is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

1. DECEDENT'S NAME (First, Middle, Last)			ICATE O			REG. NO.			
						E OF DEATH			3. TIME OF DEATH
PERONICA		ROGERS	3		MON 8	тн м 16		YEAR Q.L	м
		(In yrs. last birthday)	IF UNDER 1 YEAR		7. DAT	E OF BIRTH nth, Day, Year)			PLACE (State or Foreign
212 70 1301	□ M 2 🔀 F	37 YRS.			11-	27-1956		MARY	LAND
9a. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOWN	OR LOCATION OF	DEATH		9c. COUN	ITY OF DE	EATH
801 W. SARATOGA STI	REET		BALT	IMORE CI	TY				<u> </u>
10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY
MARYLAND			BALT	IMORE CI	TY				LIMITS? 1 XYES 2 NO
10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZ	ZEN OF W	HAT COUNTRY?
801 W. SARATOGA ST	REET			2120	1		US	SA.	
11. MARITAL STATUS 12. 1 Never Married 2 Married	. WAS DECEDENT EVER I			ECENDENT OF HISP specify Cuban, Maxi			or No-	14. RACE Black	- American Indian, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			ES 2 NO Spec		o rindari, atoty		Specif	ly:
15. DECEDENT'S EDUCATION	ON	16a. DECEDENT'S	USUAL OCCUPA	TION	110	Sb. KIND OF BUS	INESS/IND	-	ACK
(Specify only highest grade com	ollege (1-4 or 5 +)		work done during i		"	KIND OF BUS	ress/IND	COINT	
12th GRADE	minister from the total	UNEME	LOYED						
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	IAME (First	, Middle, Maiden	Surname)		
JOHN M.	ROGERS			PHYLL	IS		GRI	EEN	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Stree	t and Number or Rura		mber, City or Town			
LaFONZA ROGE	ERS	4415 F	REDERIC	K AVENUE	. BA	LTIMORE	. MAF	RYLAN	ND 21229
20a. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Removal	from Stata Cer	b. PLACE AND DATE	other place)		OA	TE 20c. LO	CATION — (City or Tov	wn, Stata
4 Donation 5 Other (Specify)	<u>M</u>	T. ZION			8-2	2-94 BAL	TIMOR	RE. N	ARYLAND
The service Licens	A B			PH H. BR	************	IR FIIN	ERAT.	номя	T D A
1 Wanh	P. 101		1913	W. BALT	IMOR	E ST.,	BALTI	MORE	E, MD.21223
23. PART I. Enter the diseases, or com ahock, or heart fallure. List	plications that cause only one cause on a	d the death. Do	not enter the n	node of dying, su	ich as ca	rdiac or reapi	ratory arre	eat,	Approximate Interval Between
				-					
disease or condition resulting in death) a	F-110 6			/					Onset and Death
	= 000	stage	ADS	Acqui	red I	runn	es Del	ine	Onset and Death
	OUE TO (OR AS	A CONSEQUENCE O	ADS	Acqui	red J	mus,	me	iue)	Onset and Death
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A STATE OF THE PARTY OF THE PAR		A CONSEQUENCE O		Acqui	red J	une podio	me	iue)	Onset and Beath
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	OUE TO (OR AS A	A CONSEQUENCE O	F):			24a. WAS AN. PERFOR	AUTOPSY	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
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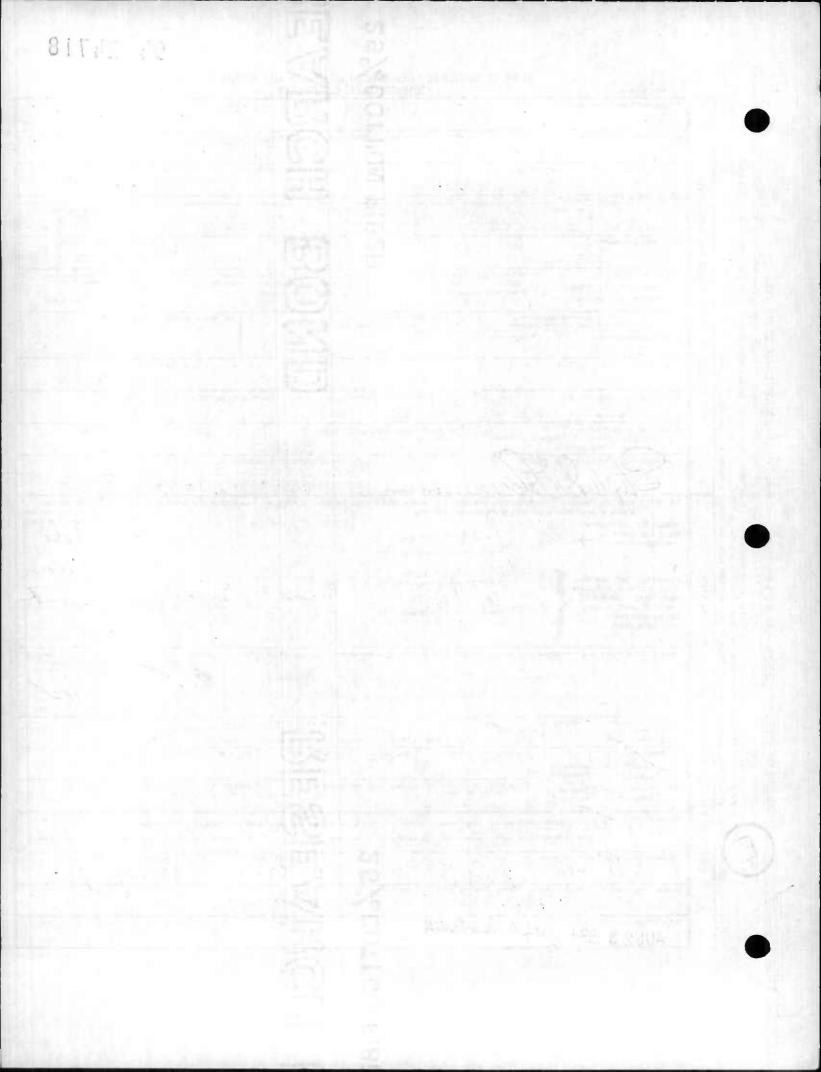
Pages 1, 2, 3 permit. use as the burial-transit Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 funeral director, page 5 should be detached for ours after death. ied in by the or removal. cremation, DIMISION OF VITAL RECORDS, P.O. BOX 68760 in and con to burial, the attending physician Mental Hygiene prior to signed by t Health and ŏ the

FOR STATE REGISTRAR CERTIFICATE OF DEATH AKA: Mildred B. Rogusky ROGUSKY 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 2:44 PM 94EAR MILDRED Μ. 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) Oct. 14,1924 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign Maryland DAYS HOURS 1 M 2 XF 69 218 18 8780 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH A.A. COUNTY GLEN BURNIE DIRECTOR NORTH ARUNDEL HOSPITAL ASSOCIATION RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Pasadena 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1562 Marco Dr. 21122 UnitedStates 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. t Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 TES 2 NO BY Specify: 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12 Oil Company Secretary 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Frederick Kiel Elizabeth Volmerhaussen BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Edward J. Rogusky 1562 Marco Dr., Pasadena, MD 21122 Pe 20a. METHOD OF DISPOSITION
t □ Burial 20 ACremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Metro Crematory, Inc. 8/24/94 4 Donation & Dither (See Catonsville, MD examiner 21. SIGNATURE OF FUNERAL SERVICE McCully Funeral Home of Pasadena 3204 Mountain Rd., Pasadena, MD 21122 medical 23. PART I. Enfer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Between ehock, or heart failure. List only one/seuse on each line. Onset and Death IMMEDIATE CAUSE (Final the disease or condition Delmone event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AND A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury 20 1 hu DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 6 PART II. Other algnificant conditions contributing to deeth but not reauting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? HES 2 NO 1 TYES 2 NO has by Dept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h EXAMINER? HOSPITAL: OTHER 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 10 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED with marked, this t Natural 5 Pending М 1 YES 2 NO BY ATTENDING After death 2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 100 NECTOR: / urs after d COMPLETED 4 Homicide 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TUTLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ybar) BE lta 10 Drovey 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) #203/GLEN BURNIE, MD 21061 31. DATE FILED (Month, Day, Year) 32ABEGISTRAR'S CONATURE AUG2 3 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 Rev 1/89



BE 2 29b. SIGNATURE AND TITLE OF CENTIFIER

BIONDO 31. DATE FILED (Month, Day, Year)

AUG 2 2 1994

30. NAME AND ADBRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE

Pages 1, 2, 3 should

permit,

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within course	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the me
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DIVISION OF VITAL RECORDS, P.O. BOX 88/60,	Will	nple	Cre	Ven
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH 8-20-94 1. DECEOENT'S NAME (First, Middle, Last) Katherine Agnes Roberts Katherine Nes August 994 9:30 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year)
4-23-1913 BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 🖵 F HOURS 212 05 2532 YRS. 81 Maryland 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Harford Memorial Hospital Havre de Grace Harford County RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Harford County Aberdeen 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 540 Beards Hill Road 21001 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Ricen, etc.) t 🗌 Never Merried 2 🗎 Merried IF YES, GIVE WAR OR DATES 1 YES 2 NO SpecMy: White Specify ВҰ 3 😾 Widowed 4 🗌 Divorced 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16h KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Proof Reader Donnelly Adv. 9 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ George O. Schruefer Gertrude Mc Nulty BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Jacqueline Wallemeyer 540BeardsHillRd, Aberdeen, MD 21001 pe 20s. METHOD OF DISPOSITION
1 Burlei 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, Stata must 4 \ Donetlon_5 Other (Specify) H. BICHATURE OF FUNERAL SERVICE LICENSEE Ronald medical examiner 22. NAME AND ADDRESS OF FACILITY State AnatomyBoard Wade, Dir 655W.Baltimore St, Balto, MD21201 marce / 21. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or haart fallure. List only one cause on each line. Interval Batwean MEDIATE CAUSE (Final **Onaat and Death** the disease or condition event, 1 reaulting in death) traumatic CERTIFICATION Sequantially list conditions, if any, leading to immediate CAUSE Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF) that initiated eventa resulting in death) LAST injury, c PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 TES YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO X PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO agetlent 2 - ER/Outpetient 3 - DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 0 27. MANNER OF GEATH 28s. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF 28d. OESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28 Is 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide determined FUNERAL DIRECT
within 72 hours a
TANT: If Item 2 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data end place, and due to the cause(a) and manner ea stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurse at the time, date and place, and due to the ceuse(s) and manner as stated.

29d. DATE SIGNED (Month, Day, Year).

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MANUAL MECONDS, P.O. BOX 88/80	The law requires that the death certificate be executed wi	nna can
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		1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH A						
		1. DECEDENT'S NAME (First, Middle, Last)	C	Rose		2, DATE OF DEATH MONTH	DAY /949	3. TIME OF DEATH M			
		4. SOCIAL SECURITY NUMBER 215-09-9365			F UNDER 1 YEAR IF UNDER 24 ONTHS DAYS HOURS &	Month, Day, Year)	Country	PLACE (State or Foreign () ISYlvania			
3 should	~	9a. FACILITY NAME (If not institution, give st		91	b. CITY, TOWN OR LOCATION	OF DEATH	9c. COUNTY OF DE	ATH			
2	DIRECTOR	321 Harlen Lane			Catonsville		Baltimo	ore			
Pages	IRE	10a. STATE 10b. COUNTY	movo	10c. CITY, T	Catonsvill	6		10d. INSIDE CITY LIMITS?			
ermit.		Maryland Balti 100. STREET AND NUMBER	more		101. ZIP CODE		10g. CITIZEN OF W	1 YES 2 XNO			
ansit p	FUNERAL	321 Harlem Land	2		2122	28	USA				
ending physician as the burial-transit permit. Pages 1.	В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, specify Cuben, &	IISPANIC ORIGIN? (Specify Yellexican, Puerto Rican, etc.) Specify:	14. RACE Black Specif Whi				
Se att	ETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DECEDENT'S US (Give kind of work	done during most of working	16b. KIND OF BU	JSINESS/INDUSTRY	Luce			
hospital or ached for u	PLE	Elementary/Secondary (0-12) 12th.	College (1-4 or 5+)	Secreta							
by the hospital or be detached for at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		340200	4	'S NAME (First, Middle, Maider	n Surname)				
	BE (Roy Rose	9			Sturgis					
retained 5 should notified	2	190. INFORMANT'S NAME (Type/Print) William Rose			Harlem Lane	Rurai Route Number, City or Tov Catonsville,		3 21220			
may be or. page		20a. METHOD OF DISPOSITION 1 V Burlal 2 Cremation 3 Ramo		PLACE AND DATE OF	DISPOSITION (Name of		OCATION — City or Tox				
E E	0	4 Donetion 5 Other (Specify)	Ne	Ew Cathedr	cal Cemetery		ltimore, N	Maryland			
death. funera		PKATH(ma)	1. John			Weber Funeral Son Ave. Balt					
ted within 24 nours after of completely filled in by the ial, cremation, or removal.		23. PART I. Enter the diseases, or c shock, or heart fallura. I iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Sto	CK	antar tha mode of dying	, such ea cardiac or rasp	piratory arrest,	Approximate Interval Between Onset and Death			
certificate be executed noting physician and com Hygiene prior to burial, or other traumatic ex	ERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
the death the atte	AL CE	PART II. Other aignificant conditions	contributing to death b	ut not resulting in t	the underlying cause give	on in Part I. 24a, WAS AP	N AUTOPSY 24b.	WERE AUTOPSY FINDINGS			
signed by Health an	MEDICA	Hypertes	im				RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
law ept.	ICIAN:	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE OF D		NO 🗆					
the ste	SICI	EXAMINER?	HOSPITAL:		28. PLACE OF DEAT THER: Nursing Home 5 Reside						
NDING PHYSICIAN: It After this certifical if death with the Size	ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCURED				
NOIN A	ETED	3 Suicida S Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— Al home, farm, stre-	el, factory, offica	281. LOCATION (Street City or Town, State	and Number or Rural Re	oute Number,			
STATE OF THE PARTY	COMPL	one) 2 MEDICAL EXAMINER			it the time, data and place, en			and manner as stated,			
TO THE HESPI TO THE PARTY Be filed with	TO BE	296. SIGNATURE AND TITLE OF PETUFIER	. Gird	5	D 3	1726	▶ 8/18	194			
	_		COMPLETED CAUSE OF DE		olling k	d. Cocton.	sviller	1D 21228			
		AUG2 3 1994 July	32 REGISTRAR'S SIGN	ATURE 4							

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ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-715 9/6/94 t.t

		1 - STATE REGISTRAR	STATE OF MARY	LAND /	DEPAR		OF H	EALTH	AND N	MENTAL	HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
		RANDY RISHEL								AUG			4	9:45P
_	3	4. SOCIAL SECURITY NUMBER 219-70-3691		E (In yrs. las	YRS.	MONTHS 1	YEAR DAYS	HOURS	24 HRS, MIN.	7. DATE (Month)	20 71 S	962	8. BIRTH	PLACE (State or Foreign yland
2, 3 should	OR	9a. FACILITY NAME (If not institution, give st UNION MEMORIAI	treet and number)					IMO				9c. COUN		
es.	DIRECTO	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN OF	LOCAT	ION						10d. INSIDE CITY
t. Pag	DH O	Maryland	-		B	alti	mor	e					ľ	LIMITS?
Pera	ERAL	10e, STREET AND NUMBER					_	ZIP CODE				t0g, CITIZ	EN OF W	HAT COUNTRY?
an. ransit	NEF	3405 Teresa Co					\perp		213				J.S.	, A .
215-0020 attending physician. se as the burial-transit permit. Pages 1,	BY FUN	11. MARITAL STATUS 1 X Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 X		1f	yes, spe	ENDENT OF Icity Cuban 2 NO	i, Mexican	C ORIGIN	? (Specify Yes Ican, atc.)	or No-	14. RACE Black Specif	
15-0 tending		15. DECEDENT'S EQUA	CATION	16a DE	CECENT'S	USUAL OCC	TIDATIO			1405	VILID OF BUILD	1		White
21 or u	COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(G life	o NOT us	vork done du e retired.)	iring mo	st of working	9	100.	KIND OF BUS	ainti		
AND the hospite detached once.	OM	17. FATHER'S NAME (First, Middle, Last)			. 4111	CCI		18, MOTH	ER'S NAM	E (First. M	iddle, Maiden		9	
YL YL	BE C	Charles Rish	nel					Ho	neyb	oee	Fine	cham		
MARYL retained by the 5 should be o	TO B	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	Street a	nd Number	or Rural Ro	oute Numb	er, City or Town	n, State, Zip (Code) N	Maryland
E, Ny be re sage 5		Honeybee Rishe			1	<u>00 C</u>	har	les	Str	reet	,West	tmins	ster	21752
FOR I Sector, p		20a. METHOD OF UPOSITION MXBuriat 2 □ Commation 3 □ Ramo 4 □ Donation □ Other (Specify)	oval from State	emetery cre	matory or o	of DISPOSIT			. ,	OATE		CATION — C		
Page al dire		21. SIGNATURE OF FUNERAL SERVICE LIC	Eschen.	Mead	lowr	1 age	AME AN	MOT	LAT S OF FAC	8/	neral	orsey	, N	Maryland
BALTIMORE, after death. Page 6 may be noval. roal examiner must be i		· Turm L	Jurgeo)	Her	rss	136	31	Fal	ls F	Road	. Balt	timor	e.	21211 Maryland
		23. PART I. Enter the disesses, or c shock, or heart failure. I	omplications that caus	ed tha da	sth. Do n	ot antar t	hs mo	da of dyln	ng, auch	as card	ac or reapl	ratory arre	st,	Approximate interval Between
ted within 24 hours after completely filled in by th ial, cremation, or remove event, the medical		IMMEDIATE CAUSE (Final disease or condition												Onset and Death
within 24 within 24 pletely fille cremation, went, the		resulting in death)	NARCOTIC IN											
executed with and complete o burial, crem	z													į
O be Cian ior the	CERTIFICATION	Sequantisity list conditions, if any, leading to immediata cause. Entsr UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS	A CONSE	DUENCE OF	7):								
	RTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEC	DUENCE OF):								
the death y the attent of Mental H	3	PART ii. Other significant conditions	contributing to death	but not r	equiting I	n the und	erivine	Course of	luon In E	lant i	24- 1100 441	ALIZONOM	1	
ORC that the ed by th and any in	EDICAI					in the tind	arryring	cause gi		I	24a. WAS AN PERFOR 1 YES 2	MEO?	240.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
REC requires seen sign of Heali	Σ	DID TOPACCO HEE CONTR	UDUITE TO CALLER	OF DE 4	T11 >/F									1 YES 2 NO
AL F has be Dept.	IAN:	DID TOBACCO USE CONTR	IBUTE TO CAUSE			H (Check on	_	UNCE	ERTAIN					
VITAL AN: The la Ufficate has e State Dep	YSICI	EXAMINER?	HOSPITAL:	-		OTHER:		5 Rea	idence 8	□ Other	(Specify)			
OF VI	РНҮ	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year	γ	28b. TIMI		8c. INJU	JRY AT			CRIBE HOW IN	JURY OCCL	IRED	
	ВУ	1 Natural 5 Pending 2 Accident Investigation	8/29/94		9:00	РМ	t 🗌 Y	ES 2X	NO	UN	KNOWN			
DIVISION OR ATTENDING IRECTOR: Alter Ours after death Item 28 is man	TED	3 Suicide 8 Could not be determined	28a. PLACE OF INJU- building, atc. (S)	RY — At hos becify) HOUS!		treat, factor	y, offica		1.	261. LOCA City o	TION (Street a Town, State)	nd Number of 601 W. MD.	33RD	oute Number,
DIV	COMPLE		CIAN: To the best of my knot: On the bests of axeminat						and due to	o the caus	e(a) and man	ner as state		and manner as stated
CHI	_	296. SIGNATURE AND TITLE OF CERTIFIER				, -6.	1	29c. LICEN						
6 6 9 MI	TO BE	Wonald A	Wright	MD)				. M .				UG.	(Month, Day, Year) 21/94
p		DONALO G. WRIG					St	reet	, в	alti	more	, Ma	ryl	and 2120]
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DIVISION OF VITAL RECOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLA		RTMENT OF		MENT	AL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)						E OF OEATH			3. TIME OF DEATN
	MILDRED K. SU	TT				OS OS			EAR	11:45 Am
			n yrs. last birthday)		IF UNDER 24 HRS.	7. DAT	E OF BIRTH	yes u	BIRTHE	PLACE (State or Foreign
	214-14-7191	□ M 2 X F 73	YRS.	MONTHS DAYS	HOURS MIN.	0.5	nth, Day, Year)	21	Mar	vland
	9a. FACILITY NAME (If not institution, give street	t and number)	,	96. CITY, TOWN	OR LOCATION OF D			9c. COUNT		
DIRECTOR	663 CENTER DRIVE			SEVE	RNA PARK			AN	INE	ARUNDEL
디	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		100 01	TV TOWN OR LOC	TION					
E	Maryland Anne Arundel Severna Park								- 1	10d. INSIDE CITY LIMITS?
								40. 017175		t YES 2 NO HAT COUNTRY?
¥	663 Center Drive 21146								S.A.	
FUNERAL		2. WAS DECEOENT EVER IN	U.S. ARMED	13. WAS DE	CENOENT OF HISPA		IN? (Specify Vac			— American Indian.
	1 Never Married 2 Married	FORCES? 1 YES		If yes, s	pecify Cuban, Maxica S 2 🗑 NO Specific	an, Puarto			Black, Specify	White, atc.
BY	◆ → Widewed 4 □ Divorced				S I MO OPEC	,		1_	эрисну	White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION inpleted)	(Give kind of	S USUAL OCCUPAT	ION lost of working	16	b. KIND OF BUS	SINESS/INDUS	TRY	F.
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)		- 1				
₽ P	12TH GRADE		secre	tary				rchas	ing	
	17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NA			Sumame)		
BE	Vincent KICAS 19a. INFORMANT'S NAME (Type/Print)		T		Mere	WAI			_	
2					and Number or Rural				,	1.6
	Michael Sutt	000		Center OF DISPOSITION //	Drive, Se			CATION — CIF	_	
	t Burlai 2 Cremation 3 Ramova	I from Stata	etery, crematory or	other place) Ce	matary		0.5			100000
ı	21. SIGNATURE OF MINERAL SERVICE LICENS		JII of the		AND ADDRESS OF FA		23 WOO	dlawn	, ML	,
	1//1/	4/1		HUBBA	ARD FUNER	AL H				
-	Conte N.	and -		4107	WILKENS	AVEN	NUE - B.	ALTIMO	RE,	MD. 21229
	23. PART I. Enter the diseases, Dr con ehock, Dr heart feliure. Lis	iplications(that caused t only one cause on ea	the death. Do ch line.	npt enter the m	Dde Df dying, suc	ch aa ce	rdiec or reepi	ratory arres	t,	Approximate interval Between
	iMMEDIATE CAUSE (Finei diseese or condition	A. + .1	410		0					Onaet and Death
	resulting in deeth)	netasta		ade	no car	ب	non	~9		
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CERTIFICATION	resulting in deeth) LAST									
	PART II. Other significant conditions of	ontributing to death bu	it not resulting	in the underivi	na cause alven in	Part i.	24a. WAS AN	AUTOPSY	24h 1	WERE AUTOPSY FINDINGS
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							1 TYES 2	DNO	'	OF DEATH?
Σ	DID TOBACCO USE CONTRIB	LITE TO CALISE OF	DEATH V		UNCERTAI	N ITV				1 TES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			ATH (Check only one		14 14				
Sic		OSPITAL:	tient 3 DOA	OTHER:	ne 5 Hasidence		- Caralla			
Ŧ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TII	AE OF 28c. IN	JURY AT		SCRIBE NOW IN	IJURY OCCUP	RED	
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	IN		ORK? YES 2 NO					
	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY - building, etc. (Specif	At home, farm,	street, factory, offi	Ca		CATION (Street a	nd Number or	Rural Ro	ute Number,
围	4 Nomicide determined	building, with (Specia	y)			City	y or Town, State)			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIAI	N: To the bast of my knowle	dge, dasth occur	red at the time, dat	a and place, and due	to the ca	suse(a) and man	ner as stated.		
8	one) 2 MEDICAL EXAMINER: C								ause(a)	and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER		29d. DATE S	IGNED (Month, Day, Year)
8	Markan	2 M.D			D.39		5	> 5	3/2	2/94
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type	e, Print)						
	DR. YUDHISHTRA MA			1720 CRA	AIN HIGHW	AY -	- GLEN	BURNIE	E, M	D. 21061
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA								
	AUG 2 3 1994 Au	m diludion he	tall							

ITEMS: 23 PART I, 27, 28a-f, PER MED FILM G-715 9/15/94 t.t.

21,723

BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within at hours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.	10. 1 0. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.

TO BE COMPLETED BY FUNERAL DIRECTOR

medical examiner must be notified at once. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the L OR ATTENDING PHYSICIAN: TI L DIRECTOR: After this certificate L hours after death with the State

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	-		1 G-714 8/								4	
1 - STATE REGISTRAR	<u>. </u>	STATE OF I	MARYLAND C			F HEALTH OF DEAT		MENTA	AL HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (Flist KARL		LLIAM	SCH	NEIDI	ER			2. DATE	e of DEATH	J 199		3. TIME OF DEATH 12:05
4. SOCIAL SECURITY NUMBER	Whole (if yis, lost will only) If under 1 team If under 4 ms. 7. DALE OF BINTH								8. BIRTHP Country	PLACE (State or Foreign		
214-80-6047	$4-80-6047$ $1^{1}X^{M^{2} \cup F}$ 27 $^{VRS.}$ JUNE 26, 1							967		LTO.,MD.		
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH OWINGS MILLS								9c. COUNT BAI		ATN IORE		
RESIDENCE OF DEC	EDENT											
10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION OWINGS MILLS									10d. INSIDE CITY LIMITS? 1 YES 2 ANO			
10e. STREET AND NUMBER						101. ZIP COD	E			10g. CITIZ		HAT COUNTRY?
20 RICHMAR	ROAD -					211					.S.A	•
	Married roed	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X		If yes	DECENDENT Constitution of the constitution of	in, Maxica	n, Puarto	IN? (Specify Yas Rican, etc.)	or No—	14. RACE Black, Specify	— American Indian, white, aic. WHITE
	EDENT'S EDU		(0	Sive kind of w	USUAL OCCUI	PATION g most of working	ng	16	b. KIND OF BUS	SINESS/INDU	JSTRY	
Elementary/Secondary (0 8TH_GRADE		College (1-4 or 5	''	ROOFE					SEL	F-EMP	LOYE	D
17. FATNER'S NAME (First, M	J	AMES K. SC				JOYCE	NER'S NA	ME (First	Middle, Malden	Surname)		MD-
19a. INFORMANT'S NAME (7	ype/Print)		19			eet and Number	or Runal I	Route Nun	nber, City or Town			NOS ITELES,
MRS. MELIND		CHNEIDER							INGS M			
20a, METNOD OF DISPOSITING A COMMENT OF THE PROPERTY OF THE PR	n 3 🗆 Rame (Specify)		20b. PLACE	AND DATE O	FDISPOSITION	LORRAIN	VE PAF ERY	RK DAT		CATION — C ALTIM		rn, Stata
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	In .		HUBI	BARD FU	ss of fa	CILITY AL H	OME IN	C.		
22 20 77 1 5 20 20 20	lur	Mrs.	Muss									D. 21229
23. PART I. Enter the di ahock, or h	eart fallure.	Dist poly one cer	t caused tha de	aatn. UD n								
	And the second	Lieu Diny One Cec	ise on each line	е.	or enter the	moda of dy	ing, auci	n ma car	or reap	ratory arre	at,	Approximate Interval Between
IMMEDIATE CAUSE (Findisease or condition resulting in death)		100000		е.		moda of dy	ing, auc	n mm car	rdiac or reapi	ratory arre	at,	
		. CONTACT		wound (OF HEAD	moda of dy	ing, auc	n am car	or reap	ratory arre	at,	Intarvai Between
disease or condition	ona, diata	e. CONTACT DUE TO	GUNSHOT	WOUND (OF HEAD	moda of dy	ing, auc	n ma car	or reapi	ratory arre	at,	Intarvai Between
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V

MARYLAND

9c. COUNTY OF DEATH

3. TIME OF OEATH

5:23

SIRTHPLACE (State or Foreign

2. DATE OF DEATH MONTH

7. DATE OF BIRTH

1-2-1927

8

IF UNDER 24 HRS.

MIN.

HOURS

BALTIMORE CITY

9b. CITY, TOWN OR LOCATION OF DEATH

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

a

9e. FACILITY NAME (If not institution, give street end number)

10b. COUNTY

5 SEY

m

VA. HOSPITAL

31. DATE FILED (Month, Day, Year)

3

1994

32. REGISTRAR'S

diwider Rawfall

RESIDENCE OF DECEDENT

4. SOCIAL SECURITY NUMBER

220-14-7784

10e. STATE

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Pages 1, 2, 3 should DIRECTOR 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE CITY 1X YES 2 □ NO permit. 10a. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2020 NORTH CALVERT STREET USA. burial-transit 21218 12. WAS OECEDENT EVER IN U.S. ARMED attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—It yes, specify Cuban, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Merried 2 Merried Specify BY be detached for use as the 3 Widowed 4 Divorced BLACK 16a, DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) the hospital or Elementary/Secondary (0-12) College (1-4 or 5 -) UNKNOWN SELF-EMPLOYED ARAR once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) 100 WILLIAM SIMMS LUCY JOHNSON etained by BE page 5 should notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BURRIS 819 NORTH PAYSON STREET, BALTIMORE, MD. 21217 MARY 9 pe 20e. METHOD OF DISPOSITION
1X0 Buriel 2 Cremetion 3 Removal from State Раде 6 глау 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must attending physician and completely filled in by the funeral director, S Other (Specify) 4 Donetion GARRISON FOREST CEMETERY 8-10-940WINGS MILLS, MARYLAND examiner NERAL SÉRVICE LICENSES 21. SIGNATURE OF P 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, ours after death. P.A. 1913 W. BALTIMORE ST., BALTIMORE, MD.21223 medical A1. PART I. Error the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximata shock, or heart failure. List only one cause on each line. interval Between ŏ IMMEDIATE CAUSE (Final Onset and Death the disease of condition_ event, resulting in death) Сгеты DUE TO (DR AS A CONSEQUENCE OF): Hygiene prior to burial, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate . Enter UNDERLYING CAUSE (Disease Dr injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 the atter injury. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Health and I AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? t TYES 2 TNO shows t YES 2 NO peen 0 PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO has by Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate h HOSPITAL OTHER: 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 28e. DATE OF INJURY (Month, Day, Year) 27 MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED with marked, this (1 Natural 5 Pending M 1 YES 2 ND ВY After 1 death 2 Accident 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 28t. LOCATION (Street end Number or Rural Route Number, City or Town. State) 3 Suicide 49 ETED. 8 Could not be RECTOR: after 28 i 4 Homictde determined SIN E 29e. CERTIFIER t 🂢 CERTIFYINO PHYSICIAN: To the best of my knowledge, desth-occurred at the time, date and place, and due to the cause(e) and menner as stated. investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and mer 29c. LICENSE NUMBER 296. SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNAD /Att du 0 AND ADDRESS OF PERSON 30. NAME WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

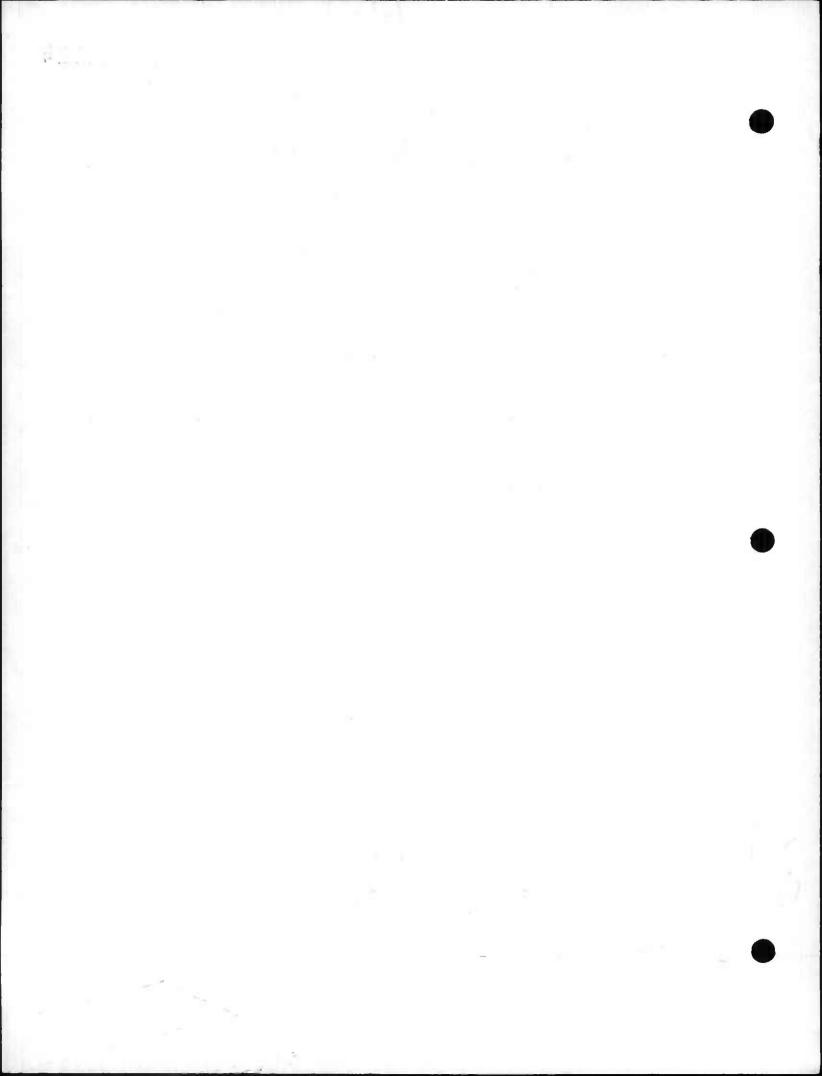
DAYS

6. AGE (In yrs. lest birthday)

67

YRS.

DHMH-16 Rev 1/89



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-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
C	DECEDENT'S NAME (First, Middle, Last)		2 DATE OF DEATH

_	_1	- STATE REGISTRAR		SIAIE OF	MARYL					EALTH DEAT		MENTAL	HYGIENE REG. NO.			
	1	1. DECEDENT'S NAME (First, CHRIST	Middle, Last)	SMIT	H							2. DATE OF		5	YEAR 94	3. TIME OF DEATH U:33 A M
		4. SOCIAL SECURITY NUMB INKNOWN	100	5. SEX	6. AGE ((In yrs. lest t	oirthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, (BIRTH Day, Year) L-1943		8. BIRTH	PLACE (State or Foreign LAND
3 should		9a. FACILITY NAME (If not in	estitution, give stre		105917					MOK				9c. COUN		EATH
1, 2, CTO		RESIDENCE OF DEC	EDENT	11.00	->11	IAC					e			OFIC	(1)450	re
L. Pages 1, 2, 3:		MARYLAND	10b. COUNTY				10c. CITY		OR LOCAT	MORE	CITY	7				10d. INSIDE CITY LIMITS?
	- 11-	10e. STREET AND NUMBER								ZIP CODE				10g. CITI2	ZEN OF W	1 X YES 2 NO
		1412 NORTH									213			US	Α.	
215-0020 attending physician. se as the burial-transit		11. MARITAL STATUS 1 Never Merried 2 7 3 Widowed 4 Divo	Morried	FORCES?	I YES	24 NO	ED		If yes, spi	ENDENT O	n, Mexicar	1, Puerto Ric	(Specify Yes an, etc.)	or No—	14. RACE Black Specifi BLA	
212- al or att for use		15. DEC (Specify only Elementary/Secondary (0 7th GRADE	EDENT'S EDUCA y highest grade of 1-12)	TION impleted) College (1-4 or 5	+)	life. D	kind of w NOT us	ork done or retired.)	during mo:	IN st of workin	g	16b. K	IND OF BUSI	INESS/INDI	USTRY	
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PPS SO NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M. Wells M.D. M.P.H. 104 Plumbree Bel Air Med 21015		FUNE Within	- 1											-			
M. Wells MD MP.H. 104 Plumbree Bel Air Med 21015		중 등로 표	BE	Mu	ver	anno	-	G.M	. We	Usi	400 10	A/C	827	29d, DAT	Q // / A	onth, [Day, Year)	
		2 6 3 3	2	30. HAME AND ADDRESS OF	PERSON WHI	COMPLETED CAUS	E OF DEA	- •				01	- /	1	2110	117	
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		1 - STATE REGISTRAR	STATE OF MARYLAN		TMENT OF H		MENTAL HYGIEN					
		1. DECEDENT'S NAME (First, Middle, Last) PATRICK	STEWART				2. DATE OF DEATH	9,199 ⁷	3. TIME OF DEATH 4 8.16PM M			
				s. last birthday)	J P IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign			
pino	9	214-62-5672 9a. FACILITY NAME (If not institution, give stree	M 2 F 39	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 10-6-195		altimore,Md			
, 2, 3 should	RECTOR											
ges 1	E C	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	TION		-	10d. INSIDE CITY			
permit. Pages	ō	Mđ		Ba	ltimor	0			LIMITS? 1 YES 2 NO			
	18 I	10e. STREET AND NUMBER				f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
an	FUNER	5436 Nelson Ave.				21215			USA			
215-0020 attending physician. se as the burial-transit	B≼	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATES	NO.	If yes, sp	CENDENT OF HISPAN Hecify Cuban, Maxica 3 2 S NO Specify	HC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	a or No.— 14.	14. RACE — American Indien, Black, White, etc. Specify: Black			
	8	15. DECEDENT'S EDUCAT (Specify only highest grade co		a. DECEDENT'S	USUAL OCCUPATION	ON ost of working	16b. KIND OF BU	SINESS/INDUS				
	LET	Elementery/Secondary (0-12)	College (1-4 or 5+)	IIfe. Do NOT us	se retired.)	or working						
AND the hospital detached for	COMPL	17. FATHER'S NAME (First, Middle, Last)		Stock	<u>Clerk</u>							
MARYLAND retained by the hospit 5 should be detached		Patrick Stewart	Sr			Vivian	ME (First, Middle, Meiden		l l			
		19a. INFORMANT'S NAME (Type/Print)	OI.	19b. MAILING	ADDRESS (Street a		Route Number, City or Tow	gby	rini			
MAR e retained e 5 should		Vivian Stewart			Nelson		Baltimor					
ORE, e 6 may be ector, page		20a. METHOD OF DISPOSITION 1 1 1 Burlat 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	20b. PL/ cemeter	ACE AND DATE (OF DISPOSITION (Na	ama of		CATION CITY	on Towns Cont.			
Page of direct		21. SIGNATURE OF FUNERAL SERVICE	SEE	enmou	22. NAME A	METORY ND ADDRESS OF FA	<u> 8-26 Ba</u>	ltimo	re			
BALTIMOR after death. Page 6 m yr the funeral director. noval.		Carlton E.	Rouga	2	1701	McCullo	h Street		al Service			
in the		23. PART I. Enter the diseases, or cor ahock, or heart feliure. Lie	npiicstiona that/caused the it only ona cause on each	a daath. Do r iina.	not anter tha mo	da of dying, suc	h as cardiac or respi	ratory arrest	Approximata interval Between			
hiri 24 I tely fille mation,		iMMEDIATE CAUSE (Final disease or condition resulting in death)	Multiple DUE TO (OR AS A CO	e gur	shot i	vound	A-W		Onset and Death			
Da Da		Sequentially list conditions,										
SOX Sician prior t		If any, leading to immediate cause. Enter UNDERLYING										
O. Pertific Parties O.	TIF	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CO	NSEOUENCE O	F):							
ta tal	SE	d										
RDS, lat the dear by the att and Menta		PART ii. Other algnificant conditions	contributing to death but r	not reaulting	in tha underlying	g causa given in	Part I. 24e. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO			
							1 XYES 2	□ NO	COMPLETION OF CAUSE OF DEATH?			
2 年 日 日 日		DID TODA CCO LICE CONTRU	NITE TO CALLES OF D	NEATH N					1 X YES 2 NO			
n 40 m		DID TOBACCO USE CONTRIL 25. WAS CASE REFERRED TO MEDICAL			S L NO L	UNCERTAIN	1					
VITAL	Ē	EXAMINER?	OSPITAL: ☐ Inpetient 2 ☐ EB/Quipatier		OTHER:							
P P	1	27. MANNER OF DEATH	28a. DATE OF ÎNJURY	28b. TIM	E OF 28c. INJ		5 ☐ Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUR	ED			
	-	1 Nstursi 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1 1	YES 2 NO						
DIVISION DR. ATTENDING DIRECTOR: After hours after deatt from 28 is me	ETED 8	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY — A building, etc. (Specify)	At home, farm, s	street, fectory, offic	•	28f. LOCATION (Street City or Town, State)	and Number or I	Rural Route Number,			
DIN DR. A DIRECT HOURS	٦	29e. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledge	e, death occurre	ed at the time, date	and place, and due	to the reuse(s) and may	nner ee eteled				
E BE			On the beele of examination and						ause(a) end manner as stated.			
E HOSPI E FUNEF d within	ΙÖ	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM			GNED (Month, Day, Year)			
TO THE HOSPI TO THE FUNER be filed within) BE	Nonald & Wre	eight MD			O.C.M.	E		UST 20.1994			
	유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
		BONALD G. WRIG.	+7 MD111 Pe	enn St	reet,	Baltimo	re, Mary	land	21201			
		31. DATAUG 2 72 1994 J	32. PRESISTAR'S SIMPATU	all.		-						

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Flours after death, Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Lest)								A DATE OF DEATH		T	
	MAD TE MONTH DAY YEAR										3. TIME OF DEATN	
	MARIE 4. SOCIAL SECURITY NUMBER								August 2	2, 19	994	8:00 A. M
		5. SEX	6. AGE (In yrs. las		IF UNDER	1 YEAR DAYS	HOURS	24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		Countr	PLACE (State or Foreign
	215-09-7063	YRS.		October 17,191					Mar	yland		
	9e. FACILITY NAME (If not institution, give st	*			9b. CITY,	TOWN C	R LOCATIO	N OF OE			NTY OF D	
8	2806 Echodale Av	e.			В	Baltimore City						
٤l	RESIDENCE OF DECEDENT											
DIRECTOR	10e. STATE 10b. COUNTY										10d. INSIDE CITY LIMITS?	
	Maryland			В	altin	nore	City	у				1 X YES 2 NO
A	10e. STREET AND NUMBER					101	. ZIP CODE			10g. CI1	IZEN OF W	HAT COUNTRY?
띮	2806 Echodale Av	e.					212	214		11	.S.A	
FUNERAL	11. MARITAL STATUS		IT EVER IN U.S. AR						IC ORIGIN? (Specify Y		14. RACE	American Indian.
	1 Never Married 2 Merried	FORCES? 1	YES 2 XI	10	lf lf	yee, sp	ecify Cuben	, Mexice	n, Puerto Rican, etc.)		Black Specif	, White, etc.
BY	3 X Widowed 4 Divorced				- '	_ 163	- DYMO	GUGUTY			apeci	, will ce
	15. DECEDENT'S EDUC	CATION	16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON .		16b. KIND OF BI	JSINESS/IN	DUSTRY	
L	(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5	life	ive kind of a Do NOT us	vork done d se retired.)	uring mo	st of working	7				
7	Elementery/Secondary (0-12) 9 YY S		′	Ho	memak	er						
COMPLETED	17. FATNER'S NAME (First, Middle, Last)			-			18. MOTH	ER'S NA	ME (First, Middle, Maide	Sumama		
	Frank	1	Lanasa					/ari			radv	
H	19e. INFORMANT'S NAME (Type/Print)			h MAII IMO	ADDRESS	(Steam)			loute Number, City or To		9	
2	Mrs. Marie V. Sci	hieve	191	3U.	39 Pi	new		or mural F	Baltimon	wn, State, Zi	p Code)	01/1
	20e. METHOO OF DISPOSITION		1000					110.				
	1 XBurtel 2 Cremetion 3 Reme	oval from State	cametery_cre	reatory or o	OF DISPOSITION OF DIS	TION (Ne	me of	/a= :		OCATION -		
	4 Donetton s Other (Specify) Dulanev Valley 8/25/94 Timonium MD											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Paul L. Hartsock, Jr. 22. NAME AND ADDRESS OF FACILITY Baltimore, MD 21214											
	You & Dail	book.	1			_eon	ard .	J. R	uck,Inc.	5305	Har	ford Rd.
	23. PART I. Enter the disesses, or o	omplications the	t caused the da	sth. Do r								Approximate
	shock, or heart failure.	List only one cau	use on sach line).								Interval Between
	IMMEDIATE CAUSE (Fins) disease or condition Response to the final content of the condition											
	disease or condition resulting in death) a. Respiratory failure Due to (on AS A CONSEQUENCE OF): Mastyria breast camen N2245,											
	DUE TO (OR AS A CONSEQUENCE OF):											
8	Sequentially liet conditions, Oue TO (OR AS A CONSCOURAGE OF).											
Ē	oue to (or as a consequence of): If any, leading to immediate cause. Enter UNDERLYING											
5	CAUSE (Disesse or Injury											
E	that initiated events resulting in death) LAST	DUE 10	(OR AS A CONSEC	JUENCE OF	-j:							i l
CERTIFICATION												
	PART II. Other significant condition	s contributing to	desth but not r	esuiting	n the und	derivino	csuse a	Iven In	Part I. 24s. WAS A	N AUTOPSV	24h	WERE AUTOPSY FINDINGS
MEDICAL						-,2	9	1	PERFO	RMED?	2.40.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
									1 TYES	2 NO		OF DEATH?
												1 TYES 2 NO
PHYSICIAN:	DID TOBACCO USE (CONTRIBUTE	TO CAUS	SE OF	DEAT			NO				
ਨੇ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	ATH (Che	ck only one)			
YS.	1 TYES TO NO		ER/Outpatient 3	□ DOA			o 5 KRee	idence	6 Other (Specify)			
표	27. MANNER OF DEATN	28e. DATE OF (Month, D		28b. TIM	E OF URY	28c. INJ	URY AT		28d. OEŞCRIBE HOW	INJURY OC	CURED	
ВУ	Natural 5 Pending Accident Investigation	1,510,11	-,,,		M		ES 2	NO				
	3 Suicide 8 Could not be	28e. PLACE C	F INJURY At ho	me, term, s	street, facto	ery, office			28t. LOCATION (Street		r or Rural R	oute Number,
E I	4 Nomicide determined	bullaing,	etc. (Specify)					- 1	City or Town, State)		
	29e. CERTIFIER	MAN. T. W.	THE REPORT					200				
M P	(Check only											
COMPLETED	2 MEDICAL EXAMINE	n: On the beels of e	xamination end/or i	investigatio	n, in my op	olnion, d	eath occure	d at the	time, date end place, e	nd due to t	he ceuse(s	end menner ee stated.
ш	296. SHONATURE AND TITLE OF CERTIFIES	///	17				29c. LICE	NSE NUM	BER	29d. DA	E SIGNED	(Month) Day, Year)
8	Jan L	Mary, D	2				PI	650	8-7	>	5/2	2194
2	30. NAME AND ADDRESS OF PERSON WHO					_						/
	Paul Chang, M.D.	5601, L	ogh Rave	n Bl	vd.	Su	ite 1	.07	Baltimo	re.M	D 212	239
	31. DATE FILER IMOTH TO COL	S2. HEGISTR	R'S SIGNATURE						24101111	0 911		
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OCCUTAL OD ATTENDANC DUVOLIANT The law requires that the death cardifferes he accounted within .
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		1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT CERTIFICATE	OF HEALTH AND OF DEATH	MENTAL HYGIEN						
	1	1. DECEDENT'S NAME (First, Middle, Last)	Svabodo	a		2. DATE OF DEATH MONTH 1	8- 9 ²	S. TIME OF DEATH				
2		4. SOCIAL SECURITY NUMBER 21405 3331	1 🗆 M 2 🔀 F	(In yrs. leet birthday) F UNDER 1 7 YRS. MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH 1 (Month, Pay Year)	6 M/	BIRTHPLACE (State or Foreign				
2. 3 should	TOR	9a. FACILITY NAME (If not institution, give st CHURCH HOSPITAL RESIDENCE OF DECEDENT			TIMORE	EATH	9c. COUNTY	OF DEATH				
. Pages 1.	DIRECTOR	10a. STATE 10b. COUNTY MARYLAND		10c. CITY, TOWN DR	LOCATION TIMORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
nsit permit.	ERAL	100. STREET AND NUMBER 2036 GOUGH STRE	ET		10f. ZIP CODE 2 1 2 3 1		US A	N OF WHAT COUNTRY?				
YLAND 21215-0020 by the hospital or attending physician be detached for use as the burial-transit at once.	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO If	S DECENDENT OF HISPA No. specify Cuben, Mexico YES 2 NO Specif	en, Puerto Rican, etc.)	C ORIGIN? (Specify Yes or No— 14. RACE Black, Puerto Rican, etc.) 14. RACE Black, Specify W H					
	Ясетер	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 4 YEARS	CATION completed) Cottege (1-4 or 5 +)	16a. DECEDENT'S USUAL OCC (Give kind of work done dur life. Do NOT use retired.) SEAMATRESS	UPATION ing most of working	AMAL G						
	E COM	17. FATHER'S NAME (First, Middle, Last) FRANK KARWACKI	- · · · ·	02/////10233	18. MOTHER'S NA	ME (First, Middle, Meidel KOTOMSK)	n Sumame)	LOTHILIN				
be retained be 5 should be notlified	TO BI	190. INFORMANT'S NAME (Type/Print) MRS. ALICE MICH	IAEL	de) 222								
e 6 may rector, pa		20e, METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Remote Control Burlal 2 Other (Specify)	oval from State cen		CEMETERY	8-22 B	OCATION — CITY ALTO •					
		A SHOWATURE OF FUNERAL SERVICE LIC	course	Li 120	ME AND ADDRESS OF FA CZOROWSKI DUNDALI	K AVENUE	BALTO). MD. 21222				
y filled in the		23. PART I. Enter the diseases, or eshock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List gally one cause on e	d the death. Do not enter the each line, $\mathcal{L}_{\mathcal{A}}$	e mode of dying, suc	th as cardiac or resp	siratory arrest	Approximate Interval Between Onset and Death				
executed within and completely o burial, cremat matte event,	NO	Sequentially list conditions,	Comgi	Truly Min								
d cian be	RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	(DR AS A CONSEQUENCE OF):								
U.S., P.O. Both the death certificate the attending physical Mental Hygiene project, or other the	CERTII	that initiated events resulting in death) LAST	d									
requires that the sen signed by the of Health and M shows any Inju	MEDICAL	PART II. Other significant condition:	s contributing to death b	out not resulting in the unde	Part i. 24a. WAS AI PERFO	PRMED?	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
AN: The law inficate has be s State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	28. PLACE OF DEATH (C)	reck only one)						
THE PER CO.	PHYS	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)		g Home 5 Residence Bc. INJURY AT WORK?	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCUR	MEO				
TENDING PHYS OR: After this of ther death with	B	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	/ — At home, farm, street, factory	1 YES 2 NO	281. LOCATION (Street	and Number or	Rural Route Number,				
OR ATTEN ORECTOR: hours after tem 28 Is	ETED	4 Homicide determined	building, etc. (Spec			City or Town, State	· 					
	S P	(Check only 1 CERTIFTING PHYSIC		riedge, death occurred at the time in end/or investigation, in my opin				ause(e) and menner as stated.				
TO THE HOSPITAL TO THE FUNERAL Be INTERVIEWED IMPORTANT: IN	o _s ae	HIS. SIGNATURE AND TITLE OF CERTIFIER	R. Syad	MO	29c. LICENSE NU	MBER	29d. DATE SI	IGNED (Month, Day, Year)				
F F & E	10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)								
	-9	31. DATE FILED (Month, Day, Year) AUG 2 3 1994	22. REGISTRAN'S SIGN	ATURE								

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		FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	DEPARTMENT	OF HEALTH AND	MENTAL HYGIEN			
		1. DECEDENTS NAME (First, Middle, Last)	E. STAV	IES		2. DATE OF DEATH	7 93	1. TIME OF DEATH 10:40 A M	
should		million of the con	M 2 XF 37	YRS. MONTHS	DAYS HOURS MIN.	7. DKTE OF BRITIS (Mari)	70 M	MRY AVD	
1, 2, 3	DIRECTOR	THE PARTY RICHES	HOSPICE-	Jan. Gilv.	TOWN OF LOCATION OF DE		se. Country 6s	DEATY	
permit. Pages		10e. STATE 10b. COUNTY	- /	10c. CITY, TOWN OF	IMORE_			104. IMBDE CITY LIMITS? 1 YES 2 NO	
ian. transit	FUNERAL	904 No CARRY	ST 3 VA 1 2. WAS DECEDENT EVER IN U.S. A	-LOOK	101. ZIF CODE 2/2/ AS DECENDENT OF HISPAI	IC OBIGIN2 (Specify Ve	11.5	CE — American Indian.	
215-0020 attending physician, ise as the burial-trar	BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2	NO II	yes, specify Cubsin, Mexics YES 2 NO Specify	n, Puerto Rican, etc.)	E	LACK	
2 9 2	PLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co.	mpleted) (6	ECEDENT'S USUAL OCC Give kind of work done du a. Do NOT use retired.)	CUPATION uring most of working	19b. KIND OF BU	SINESS/MOUSTRY		
YLAND 2 1 by the hospital d be detached to d at once.	E COMPL	17. FATHER'S NAME (First, Middle, Last)	59	VVIII	NUT NOTHER'S NA	ME (First, Mickello, Majorit	SUMMER R		
ay be retained page 5 should be notified	TO B	100. INFORMANT'S NAME (Type Minn)	n/	2312	Street and Humber or hand	97, BAI	2,110		
e 6 m		20e, METHOD OF DISPOSITION 1. Hurlel 2 Gramation 3 Bellow 4 Donation 5 Cother (Section) 21. SEDNATURE OF FUNERAL SERVICE LICEN	com state	AND DATE OF DISPOSIT	TION (Name of	BHAYBA	TIMOT	EMD,	
ALT death.		Van 1971	m	G	ARY Y MA	BODHILTEN	RA (ADA	21229	
y filled in tion, or the me		IMMEDIATE CAUSE (Final disease or condition	it only one cause on each lin	eath. Do not enter t	the mode of dying, suc	h aa cardiac or resp	iratory arrest,	Approximate interval Between Onset and Death	
S w band a s	z	resulting in death)	DUE TO (OR AS A CONSE	Q VVL)				Minnty	
Tage of the local part of the	FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEQUENCE OF): C DUE TO (OR AS A CONSEQUENCE OF):						
S, P.O. death certil attending ental Hygie iny, or oth	CERTIFI	that initiated events resulting in death) LAST	HIV infe	tion				0 msd 1991	
- >0 -	MEDICAL	PART II. Other algorificant conditions of	contributing to death but not	resulting in the und	lerlying cause given in	Part i. 24a. WAS AN PERFOR	RMED?	46. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
law recent as been of pept. of 23 sh		25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Ch	ant ant and		1 YE\$ 2 NO	
SICIAN: The certificate h the State h to the State h, or Item	PHYSICIAN:	1 YES 2 NO	IOSPITAL:	OTHER:					
ON OF DING PHYSIC After this ce death with the	ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW I	-2017		
OFFICION OF VITA OR ATTENDING PHYSICIAN: The DIRECTOR After this certificate h focus after death with the State of them 28 is marked, or flem	PLETED	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY — At he building, etc. (Specify)			281. LOCATION (Street City or Town, State)		il Route Number,	
TO THE STATE OF TH	сомы	(Check only one) 2 MEDICAL EXAMINER:	N: To the best of my knowledge, d		inion, death occured at the	time, date and place, an	nd due to the cause		
2 E 2 E	BE O	296. SIGNATURE AND TITLE OF CERTIFIER Lyc B. Jim	, H.D.		DO 21	75	29d. DATE SIGNI	ED (Month, Day, Year) 9-94	
	-	30. NAME AND ADDRESS OF PERSON WHO C	88	24 Winan	loife B. FI	VN Laudellstown	., MD	21133	
		31. DATE FILED (Month, Day, Year) AUG 2 3 1994	Julia d'Euclean Ra	dall					

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ř	TO THE HOSPITAL OR ATTENDING PHYSICIAN IN THE PROPERTY COURS AND CONTINUES BE executed with	THE FUNERAL D	e filed within 72 ho	IMPORTANT: If Item 28 is married of Item 23 shows any Injury, or other traumatic event, the medic

31. DATE FILED (Month, Day, Year).
AUG 9 9 1994

	FOR	G-714 8/29/94 t		RTMEN	IT OF H	FAITH AND	MENTA	LHYGIEN	J ↔ F	24101		
	1 - STATE REGISTRAR 1. OECEOENT'S NAME (First, Middle, Last)		CERTII	FICAT	E OF		2. DATE	REG. NO		3. TIME OF DEATN		
	-CAROLYN-	Paulus	-6C	IULZ	-		MONT	Aug 18	1994	2:50 pm ,		
	4. SOCIAL SECURITY NUMBER 218-09-6288	1 🗆 M 2 💢 F	78 YRS.	IF UND	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTN		BIRTHPLACE (State or Foreign Country)		
ECTOR	9a. FACILITY NAME (If not Institution, give s Saint Joseph Hosp			9b. CIT			ATION OF DEATH 9c. COUNTY OF DEATN 1, Maryland Baltimon					
DIRECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		10c. CI	TY, TOWN	OR LOCATI	ON				10d. INSIDE CITY		
	MD Ba.	ltimore		Glen	Arm				-	1 YES 2 NO		
FERAL	106. STREET AND NUMBER 106. STREET AND NUMBER 106. STREET AND NUMBER 107. ZIP CODE 108. CITIZEN OF WHAT COU									N OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 X Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 ANO	13	If yes, spe-	NDENT OF NISP city Cuben, Mexi NO Spec	can, Puarto		or No- 14	4. RACE — American Indien, Black, Whita, etc. Specify: white		
ETED	15, DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	18a. DECEDENT' (Give kind of life. Do NOT	work done	during mos		181	. KIND OF BUS	SINESS/INDUS	STRY		
교	12TH	College (1-4 or 5 +)	facto	ry w	orker			telep	hone			
at once.	17. FATHER'S NAME (First, Middle, Last)			707		16. MOTNER'S P	NAME (First,					
ल	Charles	Sc	hulz, S			Emma		E		aulus		
be notified TO BI	19a. INFORMANT'S NAME (Type/Print) Charles	Schulz, Jr.				* Balti				ode)		
nust be	20a. METNOD OF DISPOSITION 1 X Burlai 2 Cremation 3 Ramovat from State 4 Donetion 5 Other (Specify). 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) 4 Donetion 5 Other (Specify). 20c. LOCATION — City or Town, State MORELAND MEMORIAL Park 8/22/94 Hillendale, MD											
examiner must	21. NAME AND ADDRESS OF FACILITY											
xami	> 1/1 A					on Fune						
edical e	25. PART I. Enter the diseases, or	complications that caused	the deeth Do	not ente	8521	Loch Ra	even	Blvd.;	Towso	on, MD 21286		
ō E	A. PART I. Enjer the dieeeees, or complicatione that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or haert failura. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition									Approximata Interval Batween Onset and Death		
Vent,	resulting in death)	a. ACUTE INFER			RDIAL	INFARCT	10N W	MH		4 days		
	Sequentially list conditions, If any, leading to immediate											
Hygiene phor to bun or other traumatic RTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS A	CONSEQUENCE	OF):				·				
0 1 111	resulting in desth) LAST	d										
ny injury, CAL CE	PART II. Other aignificant condition		ut not resulting	In tha u	inderlying	cauaa givan i	n Part I.	24s. WAS AN PERFOR	AUTOPSY IMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
5 6 5	DIABETES MELLITU	15						1 TES 2	X NO	COMPLETION OF CAUSE DF DEATN?		
2 2										1 TES 2 NO		
A S	25. WAS CASE REFERRED TO MEDICAL				26. PL /	CE OF DEATH	Check only o	ne)				
SICI SICI	EXAMINER? 1 YES 2 NO	HOSPITAL:	etlent 3 DOA	OTHE 4 No	R:	5 Realdence		-				
1	27. MANNER OF OEATH 1 Netural 5 Pending	28a, DATE OF INJURY (Month, Day, Year)	28b. TI	-	26c. INJU WOF	RY AT	7	SCRIBE HOW I	NJURY OCCU	RED		
	2 Accident investigation 3 Suicide 6 Could not be	26a. PLACE OF INJURY — At home, farm, street, factory, office				ES Z NO				Rural Route Number,		
Item 28	4 Nomicide determined	building, atc. (Spec						or Town, State)				
2 = 5		ICIAN: To the best of my knowledge: On the basis of examination								ceuse(s) and manner as stated.		
IMPORTANT: O BE COI	29b. SIGNATURE AND TITLE OF CERTIFIE					29c. LICENSE N				SIGNED (Month _e Ony, Year)		
IMPOR O BE	natureday o	V, de feor	~ , m	12		019508			> 8	7/19/94		

20. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITÉM 27) (Type, Print)

NATIVIDAD D. DE LEON, M.D., 7620 YORK ROAD TOWSON, MARYLAND 21204

32. REGISTRAR'S SIGNATURE

DHMH-16 Ray 1/89

C. Watesta

THE STREET STREET, STR

2. DATE OF DEATH

BALTIMORE, MARYLAND 21215-0020 QIVISION OF VITAL RECORDS, P.O. BOX 68760. FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

ED BY FUNERAL DIR	Md. 10e. STREET AND NUMBER 2123 COCKS 11. MARITAL STATUS 1 Never Married 2 Married	Baltimore		10c. CITY, TO	WN OR LOCA	TION				40.4 INDUME A
ED BY FUNERAL	106. STREET AND NUMBER 2123 COCKS 11. MARITAL STATUS				201 7	24				10d. INSIDE (
ED BY	2123 COCKS	spur Road				dle Riv	er			1 TYES 2
ED BY		T are			10	or, ZIP CODE 212	20	1		N OF WHAT COUNTR USA
E L	3 Widowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 IF YES, GIVE WAR	YES 2 T		If yes, s	CENDENT OF HISPA pecify Cuban, Maxic S 호텔 NO Spec	an, Puerto		No- 14	Black, White, etc. Specify:
		T'S EDUCATION est grade completed)	16a. DE	CEDENT'S USU	AL OCCUPATI	ION ost of working	16	. KIND OF BUSIN	ESS/INDUS	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	lita.	ive kind of work of Do NOT use reti	red.)					
COMPLET	12th		Ci	vil S	ervi	ce		State o	of M	aryland
Ö	17. FATHER'S NAME (First, Middle,	Last)						Middle, Maiden Su		
BE	Willian	Sr.	Helen M. Bull			. Bull				
	William H. Thrift Sr. 19a. INFORMANT'S NAME (Type/Print)			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					ode)	
2	KAtherine N	fohr							- 1	D. 2122
	20a. METHOD OF DISPOSITION			AND DATE OF DI			DAT	- T		y or Town, State
	1 Burlai 2 Cremation 3		cemetery, cre	ematory or other p	laca)		1			
1 11-	21. SIGNATURE OF FUNERAL SER		Meti	oCrem	ator	VInc. 8	/19,	/94 Ba:	ltim	ore Md.
	D T	(1	1			elly Fu				
	1/1	ea, or complications that ce	nel	XII	200	Mana 7	1	0-111-		37.2 010
IFICATI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other algorificant of	d	ath but not i	resulting in th	e underlylr	ng cause given in	n Part I.	24s. WAS AN AU		24b. WERE AUTOPS
MEDIC								PERFORME 1 YES 2	107 100	AMILABLE PR COMPLETION (OF DEATH? 1 YES 2
SICIAN:	25. WAS CASE REFERRED TO ME	DICAL			28 6	LACE OF DEATH (C	back only o	201	_	
[I	EXAMINER?	HOSPITAL:			HER:					
≥	1 TYES 2 NHO	Important 2 ER				me 5 🗆 Rasidence				
ву рну	27. MANNER OF DEATH 1 Natural 5 Pend 2 Accident Invest	28a. DATE OF INJ (Month, Day,) Itgation		28b. TIME OF INJURY	W	JURY AT ORK? YES 2 NO	28d. DE	SCRIBE HOW INJ	JRY OCCUF	NED
	3 Suicide 6 Could 4 Homicide detain		IJURY — At ho . (Specify)	ome, farm, street	, factory, offi	ca	281. LOI C/ly	CATION (Street and or Town, State)	Number or	Rural Route Number,
COMPLETED		IG PHYSICIAN: To the best of my								

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year) AUG2 3 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Thrift

William |

PRESCRANT The law requires that the death certificate be executed withing hours after death. Page 6 may be retained by the hospital or attending physician.

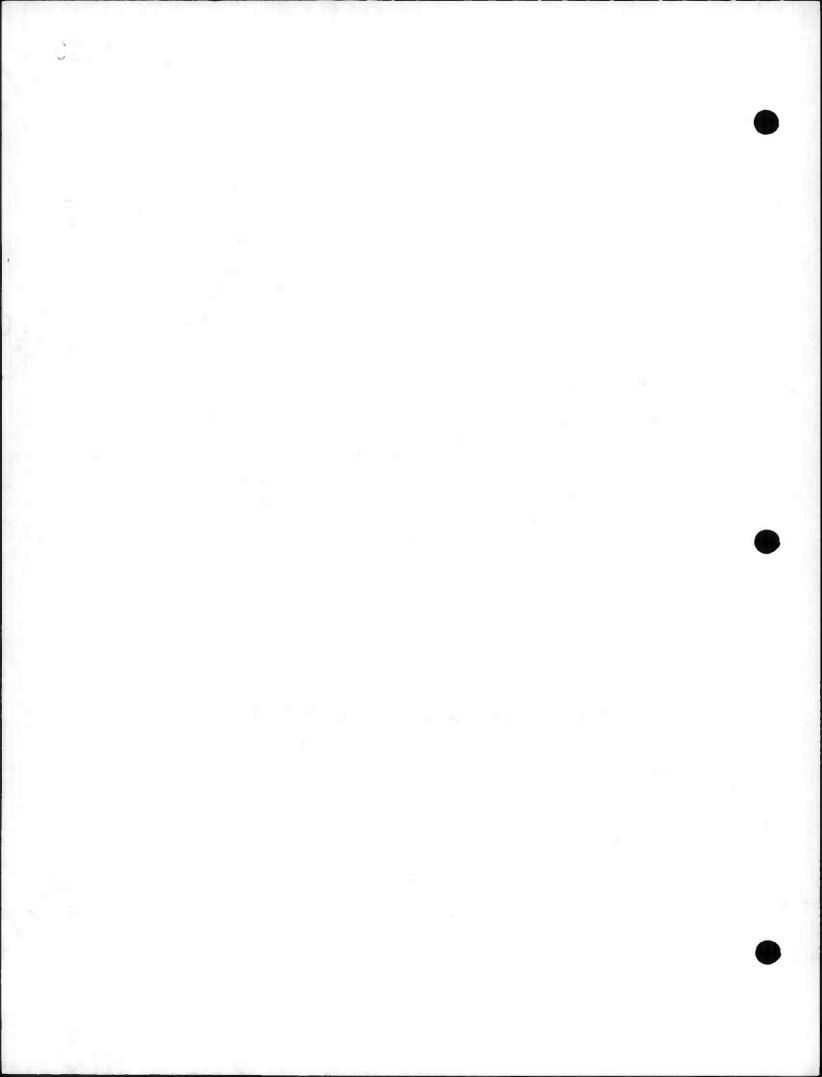
The certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the Sam Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral. BALTIMORE, MARYLAND 21215-0020

RECORDS, P.O. BOX 68760

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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last) Patricia L.	Taylor				MONT	OF DEATH	1 994	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 270-24-1205			66 MONTHS DAYS HOURS MIN.			OF BIFTTH h, Day, Year)	ATHPLACE (State or Foreign unity) Aichigan		
OR	9a. FACILITY NAME (If not institution, give to 1604 Burke Roa	_	91		R LOCATION OF DE	EATH	231132	9c. COUNTY O		
DIRECTOR	tea. STATE tob. COUNT Md. Ba	timore	10c. CITY, TOWN OR LOCATION Bowleys Q						tod. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER		10f. ZIP CODE			10g. CITIZEN OF			t ☐ YES 2 1 NO F WHAT COUNTRY?	
BY FUNERAL	1604 Burke Road 11. MARITAL STATUS 1 □ Never Married 2 ☑ Merried 3 □ Widowed 4 □ Divorced	N U.S. ARMED 2 X NO ATES	2 X NO If yes, specify Cuben, Mexica				JSA ACE — American Indian, lack, White, etc.			
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	ICATION e completed) College (1-4 or 5+)	(Give kind of work	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY					White	
COMPLETED	12th 17. FATHER'S NAME (First, Middle, Last)		self-	-employ	16. MOTHER'S NA	ME (First, I	Middle, Meiden Borge			
TO BE	Max Hitchcox 190. INFORMANT'S NAME (Type/Print) Thomas L. Taylo	or.			nd Number or Rural I	Route Num	ber, City or Town	n, State, Zip Code)		
	Thomas L. Taylor 20e. METHOD OF DISPOSITION 1 GyBuriel 2 Cremeilon 3 Ramoval from State cemetery, cremetory or other place) 4 Donallon 5 Other (Specify) Holly Hill Cemetery 8/23/94 Baltimore MD. 21220 20c. LOCATION — City or Town, State 20c. Holly Hill Cemetery 8/23/94 Baltimore MD.									
	21, SIGNATURE OF FUNERAL SERVICE LI		lly	22. NAME AN	ly Funer	cal F	Home of	Essex		
	23. PART I. Enter the disesses, or ehock, or heart failure. IMMEDIATE CAUSE (Finel disesse or condition resulting in death)	e. Cancer	ech line.	enter the mo	de of dylng, suc	h aa csro	disc or raspi	ratory errest,	Approximets Interval Between Onset and Death	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL C	PART II. Other algnificent condition	he underlying	cause given in	Part I.	24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CIAN:	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	CONTRIBUTE TO			ES NO		10)			
PHYSI	1 YES 2 NO 27. MANNER OF DEATH 1 Voletural 5 Pending	1 Inpatient 2 ER/Ouis 26e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Nursing Hom F 28c. INJ WO	RK?			NJURY OCCURED		
ED BY	2 Accident Investigation 3 Suicide 8 Could not ba 4 Homicide datermined	28e. PLACE OF INJURY building, atc. (Spec	— Al home, ferm, streethy)	M 1 VES 2 NO			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLET		ICIAN: To the best of my know							se(e) and manner es stated.	
8	29b. SIGNATURE AND TITLE OF CERTIFIE		~ N		29c. LICENSE NUM		2		1ED (Month, Day, Yeer) 22-94	
2	30. NAME AND ADDRESS OF PERSON WITCH	"DO NOVAN	, 2112	DuN	ALK I	AVE	. B	MLTO	mb 21222	
	AUG 2 3 1994	in a received the	ATUME .							



DHMH-16 Rev 1/89

BALTIMORE, MARYLANI	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Sturs after death, Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Deor, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is merked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	S	OUR COUR	Tem
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	2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal,	Ĭ
			_

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPART CERTIFIC	MENT OF HEALTH AND	MENTAL HYGIEN	E					
	1. DECEDENT'S NAME (First, Migdle, Last) MURRAY J	ONES TICH	ENOR	2. DATE OF DEATH	1/94 YEA	3. TIME OF DEATH 6:02 A M				
	138-24-8209	4.4	F UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN.	Month, Pay, Year)	02 8	HITHPLACE (State or Foreign punity) HILA PA				
TOR	90. FACILITY NAME (If not institution, give str GINGER COVE	HEALTH CTR	SE CITY, TOWN OR LOCATION OF THE ANALYSIS MAN	CKEDCENT	Ani					
DIRECTOR	10a. STATE 10b. COUNTY	-/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	TOWN OR LOCATION hapo IS			10d. INSIDE CITY LIMITS? 1 YES 2 W NO				
FUNERAL	100. STREET AND NUMBER 4204 RIVEY CI		101. ZIP CODE 2 1 L	101	10g. CITIZEN C	WHAT COUNTRY?				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 A YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISP/ If yes, specify Quban, Mexic 1 YES 2 NO Spec	can, Puerto Rican, etc.)						
	15. DECEDENT'S EDUC. (Specify only highest grade of		ork done during most of working	18b. KIND OF BUS	INESS/INDUSTR	White				
COMPLETED	Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+) 1 Yrs. V.S. N.	AVAL OFFICE	ER AR.	MED	FORCES				
BE	CLARENCE 190. INFORMANT'S NAME (NOO/PI(N)	BYRNES TICH	HENOR AG	NES MI	IVD .	JONES				
5	MARJORIE CA	RPENTER 236	ADDRESS (Street and Number or Rura. ANTHONY W/	AYNE DR	WAYA	VE PASI				
	1 Burial 2 Cremation 3 Remont 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	TO ANA	TOMY BOARD	8/15/94	BALT	an, o				
4	Somal 10	Call	655W.Balti	more St,B	alto,	my Board MD21201				
	anock, or neart failure. L	omplications that ceused the deeth, Do no lat only one cause on each line.	ot enter the mode of dying, au	ch as cerdiec or reapi	ratory arreat,	Approximate interval Batween				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Parkinsons DUE TO (OR AS A CONSEQUENCE OF):	disease			Onset and Death				
TION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	CAUSE. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):	:							
	d.									
MEDICAL		PART II. Other alignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
				-		1 TES 2 NO				
PHYSICIAN:		HOSPITAL:	26. PLACE OF GEATH (C	heck only one)						
14S	1 YES 2 NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4	Nursing Home 5 ☐ Residence							
	1 Netural 5 Pending	(Month, Day, Year) INJUI	OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED	°				
red BY	2 Accident Investigation 3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)		26t. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLET		IAN: To the best of my knowledge, death occurred : On the basis of examination and/or investigation,								
	29b, SURATURE AND TITLE OF CERTIFIER									
BE	Mulia	\sim	29c. LICENSE NU	3/-	DATE SIGN	YEO (Month, Day, Year)				
유	7	COMPLETED CAUSE OF DEATH (ITEM 27) (Type, P	rint)	00	0	דין כו				
	31. DATE FILED (Mogth, Day, Your)	22. REDISTRAR'S SIGNATURE								
-	31. DATE FILED (MOST). 27. 1994	32. REDISTRAR'S SIGNATURE								

BALTIMORE, MARYLAND 21215-0020

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ITEMS: 8. & 19a, PER F.H. FILM G-714 8/23/94 t.t

FOR STATE STATE OF MARYLAND / DEPARTM CERTIFICA

CERTIFICA STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

	1. DECEDENT S NAME (First, MICOR, LIST)		2. DATE OF DEATH DAY YEAR 3. TIME OF CEATH									
	GUS 4. SOCIAL SECURITY NUMBER 5.	WH						6, 19		M		
	***************************************			F UNDER 1 YEAR	HOURS 24	HRS. 7.	Month, Day, Year)		6. BIRTH Country	PLACE (State or Foreign O CAROLINA		
		X M 2 □ F	85 YRS.			I N	Nov 5, 1	908	Sout	h Caroline		
R	98. FACILITY NAME (If not institution, give street 3715 Washington Ave		9	b. CITY, TOWN	OR LOCATION	OF DEAT	Н		NTY OF D			
DIRECTOR	RESIDENCE OF DECEDENT	enue						Ba	1.timo	ore		
R	10a. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCA	ATION			-		10d. INSIDE CITY LIMITS?		
		timore								1 YES 2 NO		
A	10e. STREET AND NUMBER			1	Of. ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?		
FUNERAL	3715 Washington Ave	enue			2124	4			USA	A		
ا ۾	11. MARITAL STATUS 12	2. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED				ORIGIN? (Specify 'Puarto Rican, atc.)	es or No—	14. RACE	- American Indian, , White, atc.		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	res		S 2 NO		ruerro meen, etc.)		Specif			
	15. DECEDENT'S EDUCATI			1						Bl.ack		
COMPLETED	(Specify only highest grade con	npleted)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done durina m	ION lost of working		16b. KIND OF E	USINESS/INI	DUSTRY			
12		College (1-4 or 5+)					C	la Marai	1	C D 3		
M	High School 17. FATHER'S NAME (First, Middle, Last)		Boiler	Maker	46 1407145	710 11115	(First, Middle, Maid		ninei	cy & Foundry		
							(rirst, Middle, Millio	n Sumame)				
BE	Isaac White 19a. INFORMANT'S NAME (Type/Print)		19h MAILING AD	INDESS /Street		ena	te Number, City or T	nun State 7/	Ondel			
2	EV1 EVELYN W. McINTOSH	Н	1							m 21244		
			PLACE AND DATE OF E		gton A	venue	DATE 20c.	ltimo	_			
ŀ	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremellon 3 Removal 4 Donation 5 Other (Specify)		tery, cremetory or other cumminas (place)		į	8/24 Be.					
	21. SIGNATURE OF FUNERAL SERVICE LICENS		Junimings (22. NAME A	ND ADDRESS	OF FACILI	Myster C	Euro	er ur	I.I., SC		
1	11 1 1 c	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		22. NAME AND ADDRESS OF FACILITY Nutter Funeral. Homes, 2501 Gwynns Falls Parkway								
	Baltimore, Maryland 21216											
	23. PART I. Enter the diseases, or complications that caused tha death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death											
ł	IMMEDIATE CAUSE (Final											
	disease or condition - a. CARDIAE + RESPIRATORY ARREST											
	disease or condition a. CARDIAC + RESPIRATORY ARREST DUE TO (OR AS A CONSCOURCE DE): D. HOTIGSTOWNIC CAMPTER TO KIVER AND KUNGS											
8	oddomiany net conditione,	PICTIPS TATIC	CATACTER	ALLETAL TO LIVER AND NUMBER								
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	10 (011 70 7	SONGEOGENEE OF J.									
임	CAUSE (Disease or injury thet initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							_		
E	resulting in death) LAST											
	0											
MEDICAL	PART II. Other eignificant conditions of	ontributing to death but	t not reculting in t	the underlying	ng ceuee glv	en in Par	rt i. 24a. WAS /	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
8	Non Insidein Dapendens	Brokeres 10	Mitus, Po	phe w	eer De	SUMS	1 TES	2 1 NO		COMPLETION OF CAUSE OF DEATH?		
¥	DID TOBACCO USE CONTRIB	Alz keunes	s Demen	tra			_ 1			1 _ YES 2 _ NO		
ä	DID TOBACCO USE CONTRIB	UTE TÓ CAUSE OF	DEATH YES	□ NO [UNCE	RTAIN						
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	B. PLACE OF DEATH (
YSI	1 YES 2 NO 1	☐ Inpatient 2 ☐ ER/Outpat		THER: Nursing Hor	ne 5 Resid	lenca 6	Other (Specify)					
PHYSICIAN	27. MANNER OF DEATH 1 A Natural 5 Pending	(Month, Day, Year)	26b. TIME D		JURY AT ORK?	28	d. DESCRIBE HOW	INJURY OC	CURED			
B	1 Natural 5 Pending 2 Accident Investigation				YES 2 P	10						
	3 Suicide 6 Could not be datermined	28a. PLACE OF INJURY - building, atc. (Specify	- At home, term, atre	et, tectory, offi	ca	28	Bt. LOCATION (Stree City or Town, Sta	t and Number e)	or Rural R	oute Number,		
COMPLETED		N: To the best of my knowled										
Š	One) 2 MEDICAL EXAMINER: O	In the beels of examination	and/or Investigation, I	n my opinion,	death occured	at the time	e, data and place,	and due to th	ne cause(a)	and manner as stated,		
296. LICENSE NUMBER 29d. DATE SIGNED (Month, Da									(Month, Day, Year)			
m	38. NAME AND ADDRESS OF PERSON WHO CO	w 4118 WH	udein Plus	Sicial	1 2	DOZE	053	•	8.	18.94		
٤/	36. NAME AND ADDRESS OF PERSON WHO CO	WMI WHO OMPLETED CAUSE OF DEAT AUM, H.D.	H (ITEM 27) (Type, Pri	nt)	1							
7	YOSEPH DECKERS	AUM, H.D.	3635 04	D 67.	100.	1579	7c70.1	10- 2	122	7		
	31. DATE FILED (Month, Day, Year) AUG 2 3 1994	32 REGISTRAR'S SIGNAT				_		_				
Į.	AUU Z Z TUUA	19 1 AT 10	A >									

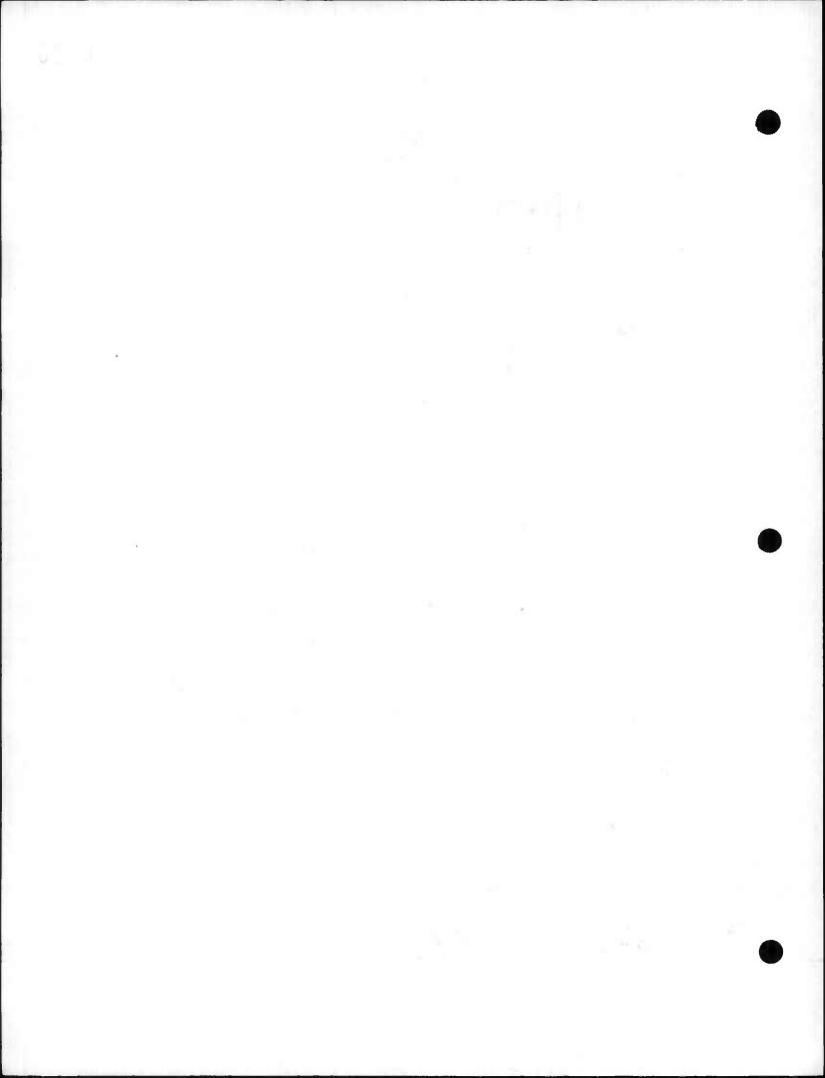
C. •

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	BEC NO

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIENI	E				
10	1. DECEDENT'S NAME (First, Middle, La	.,				2. DATE OF DEATH DA	v v	3. TIME OF DEATH	7		
- 1	Evelyn Loui	.se	Wilson			Aug. 21	1994		M		
	4. SOCIAL SECURITY NUMBER 003-36-4532	11111-C	acce	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT Court	HPLACE (State or Foreigny)	n		
- 1		1 D M 2 1 F 8	7 YRS.			Feb.10,19			tts		
OR	9e. FACILITY NAME (If not institution, gi 123 Kuethe Dr	rive		nnapo.	r location of de Lis	EATH	Anne A	rundel			
ធ្ន	RESIDENCE OF DECEDENT 10e. STATE 10b. COL	UNTY	10c, CITY, TO	OWN OR LOCAT	ION			10d, INSIDE CITY	=		
DIRECTOR	MD Ann	ne Arundel		apolis				LIMITS?	,		
AL	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN OF		\dashv		
FUNERAL	123 Kuethe Dr	ive			21403		USA				
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	it yes, sp	ENDENT OF HISPAN ecify Cuben, Mexica 2 NO Specify	NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	or No — 14. RAC Blac Spec	E — American Indian, ck, White, atc. only: White	\neg		
	15. DECEDENT'S	EDUCATION	16e. DECEDENT'S USU	IAL OCCUPATION	N	16b. KIND OF BUS	I INESS/INDUSTRY		\dashv		
	(Specify only highest g Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use ret	tired.)	st of working	2507.10,403.5	*12 13				
MP	12		Homemake	er		Home		•			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden					
BE	45 000000000000000000000000000000000000	Kerr				ly Rogers			_		
2	19a. INFORMANT'S NAME (Type/Print) Barbara Wilso	n Morse				Route Number, City or Town Annapolis		403			
	20s. METHOD OF DISPOSITION	201	D. PLACE AND DATE OF DI				ATION — City or T		\dashv		
	1 Suriel 2 ☐ Cremation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify) _	Removal from State	TICIES The L				apolis				
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE			D ADDRESS OF FA				\neg		
	1 / komas	a Harelesto		Harde 12 Ri	sty Fur dgely A	neral Hom Ave. Anna	e, P.A. polis,	MD 2140	1		
	23. PART I. Enter the diseases, shock, or heart failu	or complications that cause ure. List only one cause on e	d the death. Do not e	enter the mo	de of dying, suc	h ss cardisc or respir	retory srrest,	Approximats Interval Bety			
	immediate cause (Final disease or condition resulting in death) a. Index Cardiae death immediate cause (Final disease or condition resulting in death) a. Index Cardiae death										
	resulting in death)	. Andden	Cardi	ae	dear	tu	Ch	media	le		
_		- hoursho	A CONSEQUENCE OF):	cad.	tedis	to la	4.40				
0	Sequentially list conditions, if any, lesding to immediate	DUE TO (OR AS	A CONSEQUENCE OF):	((e acc)	Lu pu	1.0		-		
CERTIFICATION	cause. Enter UNDERLYING	· and/or	Chron	ic C	vusest	me hear	Haile	e ma	2		
E	that initisted events OP DUE TO (OR AS A CONSEQUENCE OF):										
员	resulting in death) LAST	ose		year.	2 个						
AL O	PART ii. Other significant condi	itions contributing to death b	out not resulting in th	ne underlying	csuse given in	Part I. 24a. WAS AN	AUTOPSY 24	b. WERE AUTOPSY FIND	INGS		
5						1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?	SE		
WE						/		1 TYES 2 NO			
ä	DID TOBACCO USE		CAUSE OF D	EATH Y	ES NO						
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	01	28. PL	ACE OF DEATH (Ch	eck only one)					
¥	1 YES 2 NO	1 Dinputient 2 ER/Out	petient 3 DOA 4 DOA 26b. TIME OF			6 Other (Specify) 28d. DESCRIBE HOW IN	HIEW COCHEE		_		
	Natural 5 Pending	(Month, Day, Year)	INJURY	WO	RK?	200. DESCRIBE NOW IN	DUNT OCCURED				
ВУ	2 Accident Investigation 3 Suicide 6 Could not	28s. PLACE OF INJURY	f — At home, farm, stree			26t. LOCATION (Street a	nd Number or Rural	Route Number,	\dashv		
	4 Homicide detarmined		cny)			City or Town, State)			- 1		
COMPLETED	CERTIFIER 1 CERTIFYING PH	HYSICIAN: To the best of my know	riedge, death occurred at	the time, date	and place, and due	to the cause(s) and man	ner as stated.		\neg		
Θ.		MINER: On the beals of examination						s) and manner as state	id.		
ш	296 SIGNATURE AND TITLE OF CENT	IFIER / O O	L	\sim	29c. LICENSE NU	MBER	29d. DATE SIGNE	(Month, Day, Year)	\dashv		
10 B	14ler F. VO	MACO	www	ン	0116	123	N 8/25	404			
-	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Prin	rt)				1			
	31. DATE FILED (Month, Day, Year)	/ W DEMETDADISATION	ATTIDE						4		
	AUG2 3 1994	The Survey of Care	all								
	- N V										



YEAR 1994

3. TIME OF DEATH

2. DATE OF DEATH

use as the burial-transit permit. Pages 1, 2, 3 should

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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Tillcat
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death
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J ME!
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PHYSICIAN:
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1

certificate has been h the State Dept. of

After this ce death with t is marked,

JO THE HOR JO THE FUR De filed with

PHYSICIAN

В

COMPLETED

BE 2

6

Pending Investigation

8 Could not be

1 AM

31. DATE FILED (Month, Day, Year) AUG 2 3 1994 1 | Inpetient 2 | ER/Outpetient 3 | DOA

28a. DATE OF INJURY (Month, Day, Year)

1 Natural

2 Accident

3 Suicide

4 Homicide 29a. CERTIFIER

27. MANNER OF DEATH

1 YES 2 TO

		Bonda	Lee			Wea	ive	r		Aug. 22,	19	94	4
	į.	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	birthday)	IF UNDER	YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTHPL	ACE (State or Foreign
		200-32-3058	1 □ M 2 /□ /F	57	YRS.	MONTHS	DAYS	HOURS	MIN.	Apr. 8, 19	37	Pennsylvani	
	_ 3	9e. FACILITY NAME (If not institution, give	street and number)	9b. CITY, TOWN OR LOCATION OF DEATH							9c. COUNTY OF DEAT		
	5	1118 Steamboat	Road		Shady Side						Anne Arund		
	Ĕ	RESIDENCE OF DECEDENT											
	DIRECTOR	10a. STATE 10b. COUNT	•			Y, TOWN O						10	INSIDE CITY
	- 4	MD Anne	Arunde	:1	Sha	ady s	Sid	le				1	YES 2 X NO
	FUNERAL	10e. STREET AND NUMBER					10	1. ZIP CODI	E		10g. CITI	ZEN OF WHA	AT COUNTRY?
	<u> </u>	1118 Steamboat	Road					2076	54		US	SA	
	5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13. W	AS DEC	CENDENT O	F HISPAN	IC ORIGIN? (Specify Yes	or No-	14. RACE —	American Indien,
	BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 A				2 NO		n, Puerto Ricen, stc.)	f	Specify:	White
			<u> </u>										WIIICC
	ETED	15. DECEDENT'S EDU (Specify only highest grad		(G/	ve kind of v	Work done di	CUPATION TO THE	ON est of working	ng	16b. KIND OF BUS	SINESS/IND	DUSTRY	
	빌	Elementary/Secondary (0-12)	College (1-4 or 5	-1	iste	ered	N11	rse		I N	ledio	rine	
çe S	COMPL			1109	1000		110					71116	
t on		17. FATHER'S NAME (First, Middle, Last) Toseph Ewing Mo	Neans					18. MOTI		ME (First, Middle, Maiden			
e pa	BE	Joseph Ewing McNeans Thelma Peters											
otilli	2	198. INFORMANT'S NAME (Type/Print) William R. Weaver 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1118 Steamboat Road, Shady Side, MD 20764											
n e													
or other traumatic event, the medical examiner must be notified at once.		20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of captaglery, cremation 3 Removal from State Removal from Sta											
E		Starr Cemetery , RD Knox Ashland Townshi											nsnip,PA
E		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home, P.A.											
еха		1 Xames	AND.	. all	4					Ave. Ann			MD 21401
dical		23. PART i. Enter tha diseases, or	complications tha	t caused tha de	ath. Do r								Approximate
E E		shock, or heart failura. IMMEDIATE CAUSE (Final	List only one cau	se on aach lina	./								Intarvai Between
the		disesse or condition	MIX	to to	ti	5 /	7_						
ent,		resulting in death)	DUE TO	(OR AS A CONSEC	DUENCE OF	F):	-CC	ne	en	ona	,		
5	-	_	Car	ceno	-24-	-		Xx					İ
mat	CATION	Sequentially list conditions, if sny, lesding to immediate	DUE TO	(OR AS A CONSEC	UENCE O	F):				1			+
trau	¥.	cause. Entar UNDERLYING								,			1
her	Ĕ	CAUSE (Disesse or injury that initiated events	DUE TO	(OR AS A CONSEC	UENCE O	F):							†
0 10	CERTIFI	resulting in dasth) LAST	d										
2	2		·-										
를	A	PART II. Other significant condition	na contributing to	dasth but not n	eaulting	In the und	tertyln	g cause g	given in	Part I. 24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS
any	EDICAL									1 [] YES 2	1666	CC	OMPLETION OF CAUSE F DEATH?
shows any injury,	ME										-		YES 2 NO
		DID TOBACCO USE	CONTRIBUTE	TO CAUS	E OF	DEAT	H Y	ES D	NO A				
Item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF D	EATH (Che	ock only one)			
를	×	1 TYPS 2 TO	HOSPITAL:	EB/Outpetlant 2	- non	OTHER	:	1					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

1 X CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated,

28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

28d. DESCRIBE HOW INJURY OCCURED

me 5 Residence

28c. INJURY AT WORK?

1 YES 2 NO

OTHER:

28b. TIME OF INJURY

28s. PLACE OF INJURY — At home, term, street, tectory, office building, stc. (Specify)

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-1/L Bay 1/89

Γē.

3. TIME OF DEATH 1230

8. BIRTHPLACE (State or Foreign Maryland

> 10d. INSIDE CITY 1 YES 2 NO

21228

21133

Approximate Interval Between **Onset and Death**

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

14. RACE — American Indian, Black, White, atc.

P.

L DIRECTOR
BY FUNERAL
OMPLETED
TO BE C

notified at once.

Pe

must

is marked, or item 23 shows any injury, or other traumatic event, the medical examiner

PHYSICIAN: MEDICAL CERTIFICATION

ВУ

COMPLETED

BE

2

death

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TO THE FUR
De filed w

25. WAS CASE REFERRED TO MEDICAL

EXAMINER?

27. MANNER OF DEATH

Suicide

Natural

2 Accident

FOR STATE REGISTRAR		STATE OF I	MARYLAND C	DEPAR					MENTA	L HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First	Middle, Lest)	1.			WI	441	4 m	3	2. DATE MONTO		1	44	3. TIME OF DE
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. I	st birthday)		DER 1 YEAR		ER 24 HRS.		OF BIRTH			PLACE (State or
217-18-9479)	1 M 2 F	76	YRS.	MONTH	B DAYS	HOURS	MIN.		il 12.	1918	Count	_ທ Marylan
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CI	9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH		
Northwest	Hospit	al Cente	r			Rai	ndall	lstow	773		D.	1+4.	more
RESIDENCE OF DEC						Kai	Idali	LSCOW	11		De	11 L.T.	more
10a. STATE	10b. COUNTY	r		10c. CiT	ry, towi	N OR LOCA	ATION						10d. INSIDE CIT
Maryland	В	altimore			Ran	dalls	stowr	n					1 YES 2
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUN										VHAT COUNTRY?			
3715 Cassar	n Road						2	21133			Unit	ho-	States
11. MARITAL STATUS		12. WAS DECEDEN		RMED	1	13. WAS DE			HC ORIGIN	17 (Specify Yea		14. RACI	F - American In
1 Never Married 2		FORCES? 1		МO		If yes, s	pecify Cub	oan, Maxica O Specifi	n, Puerto I	Rican, etc.)		Black	k, White, atc.
3 Widowed 4 Dive	rced						3 2 K MC	o Specin	γ.		1	Spec	White
	EDENT'S EDU		18n. C	ECEDENT'S	USUAL	OCCUPAT	ION		16b	. KIND OF BUS	SINESS/IND	USTRY	
Elementary/Secondary (0		College (1-4 or 5	- 10	Give kind of le. Do NOT u	work doi	ne during m d.)	iost of work	king					
10th grade				Secre	tar	V			I A	ndrews	Air	For	ce Base
17. FATHER'S NAME (First, M	liddle, Last)						18. MO	THER'S NA		Middle, Maiden		101	L Dase
Michael Gre	enhoo	d					Am	nelia	Τ	Schuha	rt		
19a. INFORMANT'S NAME (1	Type/Print)		it	9b. MAILING	ADDRE	ESS (Street				ber, City or Town		Cortel	
Mr. Charles	s H. So	chuhart,								Balt		,	D 2122
20a. METHOD OF DISPOSIT 1 □ Burlel 25(□ Crematic 4 □ Donation 5 □ Other	n 3 🗆 Rem	oval from State	20b. PLACE cemetery, c Cari	AND DATE	of DISP	POSITION (A	iame of	rvio	DAT		CATION —		
21. SIGNATURE OF PUNERA		ENSEE	Our	·OII				ESS OF FA		паш	pstea	ia, r	1D
· //		Q (400							ral Di	recto	rs.	Inc.
* Acer	we-	0	-076	4	. 8	8728	Libe	rty	Road	Rand	allst	own	
23. PAST L Enter the d /ahock, pr h	iseeses, or c eart fallure.	complications the List only one car	ot caused the	eath. Do i	not ant	ter the m	ode of d	ying, suc	h sa cerd	diac or reapi	ratory arm	est,	Approxim
IMMEDIATE CAUSE (Fir	nel	LHDED	TENSI	مسوو	0	100	>10 n	AAID (LIFA (ы			Onset ar
resulting in deeth)	→		OR AS A CONS			TRI	ין טוכ	myor	7) 1 4	7			
				Α.	erj:								
Sequentially list condit			NEU M)								-
if any, leeding to imme cause. Enter UNDERLY		002.10	- }		,	N 1 a	31-						
CAUSE (Disesse or inju		c	OR AS A CONS			DIV	CK						
that initiated events resulting in desth) LAS	Т	d.	in no n outin		. ,.								j
PART ii. Other significe	ont condition	s contributing to	death but not	resulting	in the	underiyle	ng ceuse	given in	Part I.	24a. WAS AN PERFOR	MED?	24b	WERE AUTOPSY AVAILABLE PRIOR COMPLETION OF
									- 1	1 TYES 2	T/ NO		

28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

28b. TIME OF

OTHER:

OFFICER

HOSPITAL:
Impetient 2 - ER/Outpetient 3 - DOA

28a. DATE OF INJURY (Month, Day, Year)

29c. LICENSE NUMBER

26. PLACE OF DEATH (Check only one)

28d. DESCRIBE HOW INJURY OCCURED

MYD

4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify)

28c. INJURY AT WORK?

t YES 2 NO

29d. DATE SIGNED (Month, Day, Year) 21. 94

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NWH DIKETUNTI

31. DATE FILED (Month, Day, Year) 32 AEGISTRAR'S SIGNATURE

FOR 1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HEL	JISTRAR			:KIIFI	CATE	IF DEAL	Н	REG. NO.				
	BERT S NAME (First, Middle,	Duffy		WALE	BRECHE	R	2.	DATE OF DEATH	3. TIME OF DEATH 6:45 pm M			
	L SECURITY NUMBER 8-54-3925	5. SEX 1 🛣 M 2 🔲 F	6. AGE (In yrs. last		IF UNDER 1 YE.		MIN.	DATE OF BIRTN (Month, Day, Year)	0/0	Counti		
	AINT NAME (If not institution,										Maryland NTY OF DEATH Baltimore	
RESIDI	ENCE OF DECEDEN	iT.										
100. STAT				kville	10d. INSIDE CITY LIMITS? 1 YES 2 NO							
<	eet and number 00 Whitcomb			10f. ZIP CODE 2123			VHAT COUNTRY?					
¥ 22	AL STATUS							_	_	States		
∑ 3 □ Wid	er Merried 2 Merried	NTEVERINUS.ARI I∏ YES 2 ŽÎN MARORDATES		It yes		n, Mexicen, P	ORIGIN? (Specify Yes tuerto Ricen, etc.)	or No—	14. RACE Black Speci	E — American Indian, t, White, etc.		
	15. DECEDENT		16e. DE	CEDENT'S	USUAL OCCUP	ATION		16b. KIND OF BUS	SINESS/INC	OUSTRY		
Eleme 17. FATNE	(Specify only highest entary/Secondary (0-12)	College (1-4 or 5 4 years	+1		rork done during e retired.) B Progr	most of workin	g	Alexand	er &	Alex	kander Inc.	
O 17. FATNE	R'S NAME (First, Middle, La	st)	-			18. MOTH	ER'S NAME	(First, Middle, Maiden	Sumamal			
	win Walbrec	her					ncy Du					
E C	RMANT'S NAME (Type/Print		100	MAILING	ADDRESS (Sw		0 0			0.41		
	s. Donna L.		_					e Number, City or Tow				
		Marbreche.					ccle				, MD 21234	
1 🗆 Burl	HOD OF DISPOSITION el 2∑CKCremetion 3 □ etion 5 □ Other (Specify,		cemetery, crei	matory or oth	r oispositioi her place) emati		zice !	8/22 Ha	CATION - MDS t.e		·	
21. SIGNA	TURE OF FUNERAL SERVI	CE LICENSEE	- Uditu		22. NAM	E AND ADDRES	S OF FACILI	TY	просс	-uu,		
-	Loring Byers Funeral Directors, 8728 Liberty Road Randallstown,											
IMMED	23. PART. Enter the diseases, or complications that daused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, mock, or heart failure. List only one cause of each line. IMMEDIATE CAUSE (Final disease or condition LIEDATO DENIAL SYMPOTOMATE)											
	disease or condition resulting in death) HEPATO RENAL SYNDROME											
Z Seguen	DUE TO (OR AS A CONSEQUENCE OF): b. LIVER CIRRHOSIS											
If any, is	Sequentially list conditions, If any leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
thet init	ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST CHRONIC ALCOHOLISM OUE TO (OR AS A CONSEQUENCE OF):											
	Other ale Misses											
MEDICA —	Other significent con	onthouring to	death but not re	eeuiting ii	n the under	ying ceuee g	jiven in Par	t I. 24e. WAS AN PERFOR	MED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES NO		
Z 25, WAS 0	CASE REFERRED TO MEDIC	AL			20	. PLACE OF DI	EATN (Check	anti anni		1		
EXAM	IINER?	YOSPITAL:	ER/Outpatient 3		OTHER:			Other (Specify)				
27. MANN	ER OF DEATN	28e. DATE OF (Month, L	INJURY	28b. TIME	OF 28c.	INJURY AT WORK?	28	d. DESCRIBE HOW II	NJURY OC	CURED		
3 🗆 s	accident	28e. PLACE 0	OF INJURY At hor, etc. (Specify)	me, ferm, a	treet, factory,	office	28	of. LOCATION (Street of City or Town, State)	and Number	or Rumi F	loute Number,	
4 H 29e. CERTI (Chec one)	k only	PHYSICIAN: To the beet of a) end menner se stated.	
296. SIGN	ATURE AND TITLE OF CER	~ P. N).	ujon	, M	1.8.	D164			»Ce	E SIGNED	(Monthy Day, Year)	
30. NAME BEA	TRIZ P. DIZO	N, M.D., 263	SE OF DEATH (ITEM	05EF	Print) PH HOS	PITAL,	TOWS	ON, MD 212	204			
						1 22						
	31. DATE FILED (Month, Day, Year) AUG 2 3 1994											

DIRECTOR: After this certificate by executed with the death certificate be executed with the death. Page 6 may be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be assumed to the property of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-18 Rev 1/89

examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FURNISH. DIRECTAR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
or death. Page 6 may be retained by the hosp	TO THE HIS PITAL OF THE DOING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hosp
DALIIMONE, MANTLAND	STATE OF STA

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN	E					
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3	. TIME OF DEAT	N		
	Harry Melvin Wal	ger				August		1994	1:35	Рм		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTNPL	ACE (State or Fo			
	212-07-5679 9a. FACILITY NAME (If not institution, give s	1 12 M 2 □ F 79	YRS.	MONTHS DAYS	HOURS MIN.	Nov 17, 1		Country)	Baltim	ore		
œ					R LOCATION OF D			TY OF DEA				
010	Brightwood Nursing		lian	Bro	oklandvi	lle	Ва	Itimo	ore Cou	nty		
DIRECTOR	Maryland 106. COUNT	Baltimore	10c. CIT	Y, TOWN OR LOCAT	on Brookla	ndville		10d. INSIDE CITY LIMITS? 1 YES 2 X NO				
FUNERAL	100. STREET AND NUMBER 515 Brightfield 1	Road		101	ZIP CODE	22	10g. CITIZEN OF WHAT COUNTRY?					
N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	IV.C. ADMED	40 400 000			1		states			
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	It yes, sp	ecity Cuban, Mexico 2 NO Specif	NIC ORIGIN? (Specify Yea on, Puerto Rican, etc.) y:	or No-	Black, \	- Americen India White, atc. BUCASÍA			
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION	18e. DECEDENT'S	USUAL OCCUPATION OF MAIN OF MA	ON at ad constitue	16b. KIND OF BUS	SINESS/INDU					
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	of Muti	•	Page	о Пъс	-1-		- 1		
M	17. FATNER'S NAME (First, Middle, Last)		Hallagel	OI MUL			e Tra	CK				
ŏ		Walger			A COLUMN TO SERVICE AND ADDRESS OF THE PARTY	rence A.	Hock					
BE	19s. INFORMANT'S NAME (Type/Print)		19h MAILING	ADDRESS (Street a		Route Number, City or Town				-		
2	Mrs. Leona Ray Wa	7	3707 в	eech Ave	nue Balt	imore, MD	21211					
	20e. METHOD OF DISPOSITION 12 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State cam	etery, cremetory or of Crest Bar	ther place)		DATE 200. LO	CATION - C					
	21. SIGNATURE OF FUNERAL SERVICE LA	BENSEE	1	22. NAME A	ID ADDRESS OF FA	CILITY						
	besigh	7.W.Kell	ner			Funeral Di				70%		
	23. PART LEnter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line.											
	shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Condition as a condition as											
İ	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate Due TO (Oil AS A CONSEQUENCE OF):											
ICA	CAUSE (Disease or Injury											
H	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST											
	PADT ii Other significant condition											
SICAL	PART II. Other significent condition	CVA	not resulting i	Rank	ceuse given in	Part i. 24s. WAS AN PERFOR	MED?	A	PERE AUTOPSY FIF WAILABLE PRIOR 1 OMPLETION OF C OF DEATH?	ro		
PHYSICIAN: MEDIC			/			_ 1		1	YES 2 N	10		
AN	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO	CAUSE OF									
SICI	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpi	etiont 3 DOA	отнея:	ACE OF DEATN (Ch	8 Other (Specify)				\dashv		
H	27. MANNER OF DEATH	28e. DATE OF INJURY	28b, TiMi	E OF 28c, INJ		28d. DESCRIBE NOW II	NJURY OCC	URED				
ВУ Р	1 Satural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ		RK? 'ES 2 NO							
	3 Suicide 6 Could not be 4 Homicide Greenined	28e. PLACE OF INJURY building, atc. (Speci	— At home, ferm, s	281. LOCATION (Street of City or Town, State)	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLET	Check only 1 CERTIFYING PHYSI	ICIAN: To the best of my knows	edge, death occurry	ed at the time, date	end place, and due	to the cause(e) end men	mer en state	id.				
8	2 MEDICAL EXAMINE	Pr. On the basis of examination	and/or investigation	n, In my opinion, d						ated.		
BE C	Vilan	11 Ano	notos	Ke I	024	MBER 9	≥ S	SIGNED (M	fonth, play, Year)			
5	30. NAME AND ATT RESS OF PERSON WH	COMPLETED CAMPE OF DE	KTH (ITEM 27) (7/4)	Print)	7-1	1		4	161			
	31. DATE FILED (Month, Day, Year) AUG2 3 1994	4 Julia Bushin	Flandall.		,		·					

0.0 A service of the service of BALTIMORE, MARYLAND 21215-0020

BOX 68760 DIVISION OF VITAL RECORDS, P.O.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1, DECEDENT'S NAME (First, Middle, Les) 2. DATE OF DEATH 3. TIME OF DEATH AUG 16MAGGIE WICKS 10:30 PM 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs, lest birtndey) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)
2-15-35 8. BIRTHPLACE (State or Foreign 1 | M 2 | X F 59 DAYS HOURS 240.52-7669 VBS Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number 9h CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SINAI HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY md. BAITO 1 TES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 53/3-Jeath. Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached for use as the burial-transit 4.5 21215 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Merried If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Sp Elementery/Secondary (0-12) College (1-4 or 5+) Presser once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle Meiden Surname) George notified at BE 19e. INFORMANT'S NAME (Type/Print) 2 WAITER IPPETT AVE BAITO. md. 21215 pe 20a. METHOD OF DISPOSITION

1 M Buriel 2 Cremetion 3 Removal from Stale 20b. PLACE AND DATE OF DISPOSITION (Name of DOME must metery, crematory or other Donetion 5 Other (Specify) medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY alucia the filled in by r 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiac or respiratory errest Approximata shock, or haart failura. List only one cause on each line interval Retween IMMEDIATE CAUSE (Final Onset and Death the disease or condition almonary completely resulting in daath) traumatic event, certificate be executed within DUE TO (OR AS A CONSEQUENCE OF) burial. deep vein CERTIFICATION and Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) Hygiene prior to if any, lasding to immediata attending physician cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events other t OUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST 6 injury. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS een signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? Obesita shows any 1 Pres 2 | NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN Dept, ATTENDING PHYSICIAN: The law 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item this certificate h HOSPITAL: 1 YES 2 NO Inpatient 2 XER/Ouipatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Metural 5 Pending 1 YES 2 NO BY death 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide .22 ED 6 Could not be 28 4 Homicide 29e. CERTIFIER 1 Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, end due to the cause(e) end menner se stated. 2 X MEDICAL EXAMINER: On the beels stion end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and menner as stated. TO THE HOS TO THE FUR 29b. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month. Day Year) C.M.E 17,1994 9 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) POWLER 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILEO (Month, Day, 32. REGISTRAR'S SIGNATURE Newstean Randall

DHMH-16 Rev 1/89

Id. ,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)
AUG 23 1994

BALTIMORE, MARYLAND 21215-0020 INISION OF VITAL RECORDS, P.O. BOX 68760, ATENDING PHYSICIAN: The law requires that the death certificate be executed with

TITLE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.

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	1 - STATE REGISTRAR	STATE OF N	MARYLAND /			T OF HI			MENTAL	HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O		J	YEAR	3. TIME OF DEATH	
		ntz							Augu		, 19		0410 M	
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lat		IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE O (Month,	Day, Yeer)		B. BIRTH Countr	IPLACE (State or Foreign	
	215-01-9184	1 □ M 2 XXF	84	YRS.					6/15	/10	yland			
-	9e. FACILITY NAME (If not institution, give si				9b. CITY	Y, TOWN OF	R LOCATION	ON OF DE	EATH		9c. COU	NTY OF D	EATH	
6	Northwest Hospit	al Cente:	r		Ra	nda1	1sto	wn		Baltimore				
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	Y		10c, CI	Y. TOWN	OR LOCATION	ION						10d. INSIDE CITY	
E S	Maryland					imore						- 1	LIMITS?	
	10e. STREET AND NUMBER				Dair			e			100 CIT	TEN OF V	1 X YES 2 NO	
FUNERAL	1546 Pentwood Road 21239													
=	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	PMED	13.				MIC ORIGIN?	(Specify Yee		U.S.	A . E — American Indian,	
	1 Never Merried 2 Merried	FORCES? 1 IF YES, GIVE W	YES 2	NO		If yes, spec	cify Cube	m, Mexice	en, Puerto Ri		Or INO	Black	k, White, etc.	
B	3 X Widowed 4 Divorced	11 120, 21.2	THE TEST OF BRIES				I NO Specify:					Speci	White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16e, Dr	ECEDENT'S	USUAL C	OCCUPATION during most	N of workin		16b.	KIND OF BUS	INESS/IND	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5 +	lite	e. Do NOT us	se retired.)	Cumy most	I OF Wrotner	rg						
M P	12 Years		Cle	rk					U.	S. Ar	my			
	17. FATHER'S NAME (First, Middle, Last)						16. MOTH	HER'S NA	ME (First, Mi	iddle, Maiden	Surname)			
BE	H. George Lages						Mo.	llie	K. P	ah1		- <u> </u>		
10	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	SS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
	Mr. Edwin Lages			3610	Lan	grehr	r Roa	ad]	<u>Balti</u>	more.	MD	2124	44	
10	20e. METHOD OF DISPOSITION 1 Burlel 2X Cremellon 3 Remo	oval from State	20b. PLACE cemetery, cre	emeton, or o	ther place!	.1			DATE		CATION —	,		
	4 Donellon 5 Dune (Specify)		_ Carrol	1 Cr	emat:	ion S	Serv:	ices	8/20/	/94 Ha	ampst	ead.	MD	
	21. SIGNATURE OF FUNERAL BERVICE LIC	ENSEE		200	22.	. NAME AND	D ADDRES	SS OF FAC	CILITY		_			
CYG	A AM	rus		>						al Di				
	22 PART Emer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreat, Approximate													
	Interval Betwee												Interval Between Onset and Death	
200	disease or condition	Alles	010/2-	. o F51	£	Ca	0/0/	1-17	· U	us el	1	27-		
	resulting in desth) DUE TO (DR AS A CONSEQUENCE OF):													
Z														
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2	CAUSE (Disesse or Injury	с												
TIF	that initiated events	DUE TO	(OR AS A CONSE	OUENCE OF	F):									
ER	resulting in death) EAST	d												
	PART II. Other significant condition	is contributing to	death but not	rasulting	in tha u	nderiving	cause (givan in	Part I.	24a. WAS AN	AUTOPSY	24h	. WERE AUTOPSY FINDINGS	
MEDICAL	Demar	. 6:-							1	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ED	Parinhed	Unch	11,-	-					-	1 YES 2	NO		OF DEATH?	
₩	DID TOBACCO USE CONTR		LISE OF DE	ATLL VI		NO \square	LINIC	EDTA IA					1 TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	TIBUTE TO CA		CE OF DEAT			UNC	EKIAIN	4 1					
	EXAMINER?	HOSPITAL:			OTHER	R:				5.07 =				
5 ≥	27. MANNER OF DEATH	28e. DATE OF		28b. TIM		28c. INJU		sidence	6 Other	(Specify)	LIUDY OO	CURED		
	1 - Wilturel 5 - Pending	(Month, De			JURY	WOR		- NO	280. DESC	HIBE HOW IN	IJUHY OCI	COMED		
B	2 Accident investigation 3 Suicide Could and by	28e, PLACE D	F INJURY — At ho	ome, ferm.	street, fec			7 110	281 LOCAT	FION (Street e.	nd Alumbar	or Burni B	Bricia Mirmbar	
	4 Homicide 6 Could not be	building,	etc. (Specify)		Artest, race	iory, orrice			City or	Town, State)	IIU ITUIIIUUI	or nurer n	oute Number,	
COMPLET	29e. CERTIFIER					_					_	_		
ΔD	(Check only													
8	2 MEDICAL EXAMINE		amination end/or	Investigatio	n, in my c	spinion, dea	ath occur	ed at the	time, date e	nd place, and	due to th	e ceuse(s) and menner es stated.	
H	29b. SIGNATURE AND TITLE OF CERTIFIER	1. Mon	_/					7 2 8			29d. DATI	E SIGNED	Month, Day, Year)	
	10000	· From	/ /			- 1	U	1 50	7 4 1			PII	9/5'	

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Pages 1, 2, 3 should

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BE

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year) AUG2 3 1994

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TO THE HOSPITAL DR ATTENDING THIS TANK THE WASHINGTON THE WASHINGTON THE WORLD WITH THE HOSPITAL DR ATTENDING THIS WASHINGTON THE WORLD WITH THE HOSPITAL DR ATTENDING THE WASHINGTON THE WORLD WITH THE	TO THE FUNERAL DIRECTOR: After this certainer to be a spreading physician and completely filled in by the funeral director, page 5 should be detailed and uniting the promotion or removal.	De neu minimi. A modis auto user minimi de management de la modifica de la management de modifical de la modifica de oni
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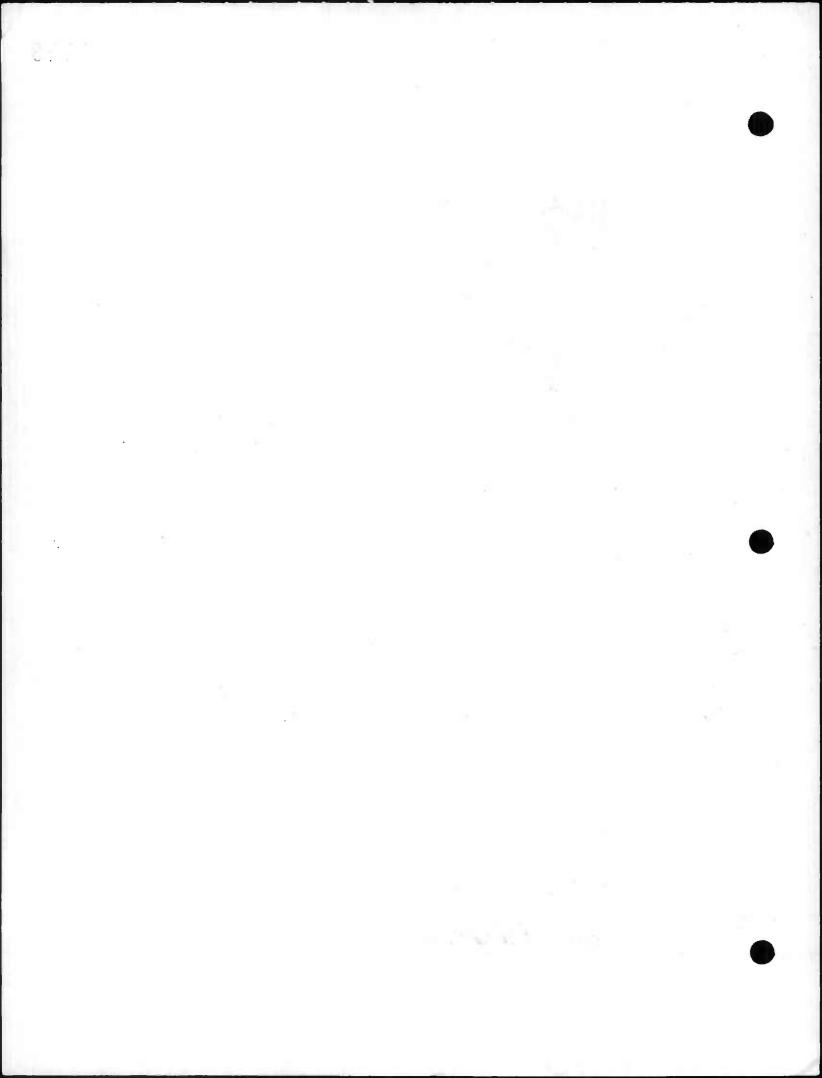
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Matthew Aug. 20, Edward Wilkins 1994 5:15 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month 90x 300) DAVE Alabama 1 X M 2 - F 422-24-9111 65 9a. FACILITY NAME (If not institution, give street and number, 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR 13408 Reid Circle Ft. Washington P.G. RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION
Ft Washington 10a. STATE 10b. COUNTY 10d. INSIDE CITY LIMITS? Md PG 1 📮 YES 2 🗌 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20744 13408 Reid Circle USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 TYES 2 NO ΒY Specify: Specify Black 3 Widowed 4 Divorced ED 15. DECEDENT'S EDUCATION 16a, OECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade interf) (Give kind of work done life, Do NOT use retired.) COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 12 Yrs None Counselor 17, FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) to Willie Wilkins Henrietta Mays BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Same as 10a,b,c,d,e,&f Matthew Edward Wilkins Jr. pe 20a. METNOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of 8/24/94 must 1 Donation 5 Other (Specify) Arlington National Cemetery Arlington, Va. 21. SIGNATURE OF UNERAL SERVICE LICENSEE examiner 22. NAME AND ADORESS OF FACILITY Hines Co., Inc. 3030 12th St NE, DC 20017 uan medical 23. PART LEnter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition onsmall Cell cance reaulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): traumatic MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Injury. PART ii. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? any 1 - YES 2 - NO hows ! OF DEATH? 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 2 SICIAM NO | 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL: OTHER: t VES 2 NO 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 4 Nursing Nome 5 Residence 8 Other (Specify) b BY PHY marked (27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d, DESCRIBE NOW INJURY OCCURED 1 X Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, streel, factory, office building, stc. (Specify) 92 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 28 4 Homicide item 29a, CERTIFIER VIX CERTIFYING PNYSICIAN: To the best of my knowledge, dash occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examinetion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

> NICOLE LEE, MD 6900 GEORGIA AVENUE NW, WASHINGTON, DC. 20012 32 REGISTRAR'S SIGNATURE

al 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 29c LICENSE NUMBER

29d. DATE SIGNEO (Month, Day, Year)

8



REG. NO

2. DATE OF DEATH

STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Lest)

Morton Ormann,

31. DATE FILED (Month, Day, Year)
AUG 2 3 1994

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Aug. 19 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 215-28-9689 87 1 🗌 M 2 💢 I Aug.6. 1907 permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 10318 Greentop Rd. Cockeysville RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE COCKEYSVILLE FUNERAL 10e. STREET AND NUMBER 10f, ZIP COOE 10318 Greentop Rd. 21030 funeral director, page 5 should be detached for use as the burial-transit after death. Page 5 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ANO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 1 Never Merried 2 Merried II yes, speakly Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced ETED 15. DECEOENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comp condary (0-12) College (1-4 or 5+) COMPL Entrepreneur Food notified at once. 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Louis Henrey Wissner Louisa Caroline Keil BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 William Willis Dixon 102 Village Green Lane, Middle River, MD 21220 pe 20e. METHOD OF DISPOSITION

1 Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must 4 Donation 5 Other (Specify) Lutheran Cemeter Immanue1 21. SIGNATURE OF FUNES examiner LISERVICE LICENSEE Wanty. 22. NAME AND ADDRESS OF FACILITY Lemmon-Mitchell-Wiedefeld, Inc. Bryan this certificate has been signed by the attending physician and completely filled in by the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. riked, or Item 23 shows any Injury, or other traumatic event, the medical ex 10 W. Padonia Rd. 23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or beert fail re. List only one cause on IMMEDIATE CAUSE (Final disease or condition resulting in deeth) estoral DUE TO (OR AS A CONSEQUE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF) if eny, leeding to immediate OR ATTENDING PHYSICIAN: The law requires that the death certificate be cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24a, WAS AN AUTOPSY PERFORMED: 1 YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\Boxed{1}\) NO \(\Boxed{1}\) UNCERTAIN \(\Boxed{1}\) 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** HOSPITAL: 1 TYES 2 NO ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 ☐ Nursing Home 5 N Tesidence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? marked, 28d. OEŞCRIBE HOW INJURY OCCURED 1 Natural BY 1 YES 2 NO DIRECTOR: After the hours after death v 2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, lectory, office building, etc. (Specify) 28 Is 8 Could not be determined COMPLETED O THE HOSPING TO THE FUNERAL DIRECTOR. De filed within 72 hours after Toward Till them 27 4 Homicide 29e. CERTIFIER 1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) end menner es atated. 2 _ MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end manner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE D15 odon Mar 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print)

Louise

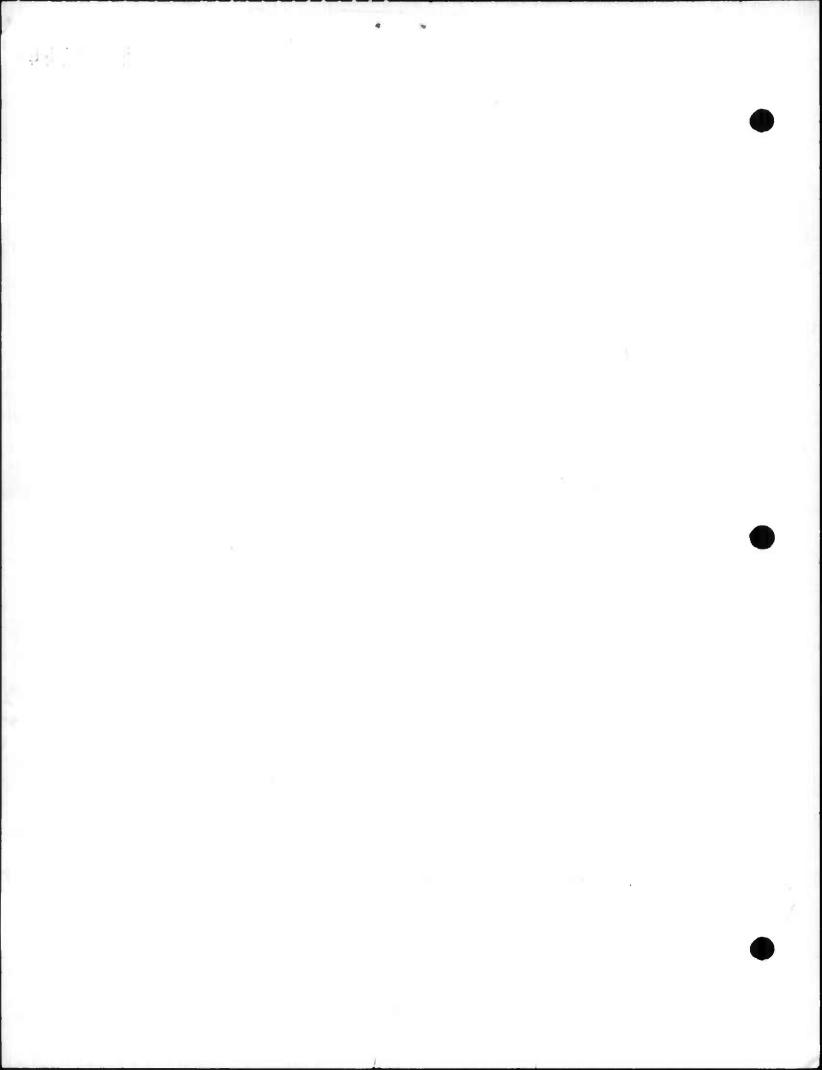
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2936 E. Baltimore St., Baltimore, MD 21224

Young

3. TIME OF DEATH YEAR 1994 8. BIRTHPLACE (State or Foreign MARYLAND 9c. COUNTY OF DEATH BALTIMORE 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify WHITE 16b. KINO OF BUSINESS/INQUSTRY 20c. LOCATION — City or Town, State Baltimore City, MD Timonium. Approximate Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Mogth, Day, Year) 8 23



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INISION OF VITAL RECORDS, P.O. BOX 6876	THE ATTENDING PHYSICIAN: The law requires that the death certificate be executed	ECTOR: After this certificate has been signed by the attending physician and com
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_	FOR 1 - STATE REGISTRAR	STATE OF MAR				HEALTH F DEA		MENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) THERESA			ZARA	CHOV	/ICZ		2. OATE OF OEATH DA	199	4 YEAR	3. TIME OF DEATH 10:26 pm	R
	4. SOCIAL SECURITY NUMBER	1 🗆 M 2 💢 F	AGE (In yrs. last	"	IF UNDER 1 YE	-	R 24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 08-17-10	113	Count	HPLACE (State or Foreign try) LYLAND	
	9a. FACILITY NAME (If not institution, give stant Joseph Hospi RESIDENCE OF DECEDENT	,			, , , , ,	WBON,				Baltir		
	100. STATE 10b. COUNTY MARYLAND	STATE 10b. COUNTY 10c. CIT				TY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 X YES 2 1						
	100. STREET AND NUMBER 229 S. WASHINGTON STREET				101. ZIP CODE 2 1 2 3 1			10g. CIT	USA	WHAT COUNTRY?		
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 XNO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxicen, Puarto Rican, etc.) 1 ☐ YES 2 ☐ NO Specify: Specify: WHITE					elfv:		
	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12) 6 YEARS	CATION completed) College (1-4 or 5+)	18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) MACHINE OPERATOR WESTERN ELECTRIC				TRIC					
	17. FATHER'S NAME (First, Middle, Last) JULIAN ZARACHOWICZ MARY OLSZEWSKA											
	MR, PAUL ZARACI	HOWICZ						Route Number, City or Town				
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION / Name of DATE 20c. LOCATION — City or Town, State Employer, Company Processing Date Company of Company Processing Date Company of Company Processing Date Company Processing Date Company Of Company Processing Date Company Of Company Processing Date Company Of Company Processing Date Company Of Company Processing Date Company Of Company Processing Date Company Of Company Processing Date Company Of Company Processing Date Company Of Company Processing Date Company Date Com											

BE COMPLETED BY FUNERAL DIRECTOR 2 CEME LEKY 8-20 BALTO. CO. MD. 22. NAME AND ADDRESS OF FACILITY KACZOROWSKI FUNERAL HOME 2525 FLEET ST. BALTO MD Ti. Entar the diseases, or compilications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. Use only one cause on each line. Approximata interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition a. CONGESTIVE HEART FAILURE
DUE TO (OR AS A CONSEQUENCE OF): 5DAYS reaulting in death) CORONARY ATHEROSCLEROTIC DISEASE DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially liat conditiona, if any, leading to immediate cause. Enter UNDERLYING c. MITRAL\AORTIC VALUE INCOMPEDENCE
DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated avanta resulting in dasth) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? CHRONIC OBSTRUCTIVE PULMONARY DISEASE 1 TES 2 NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: EXAMINER? 1 YES 2 10 Inpetiant 2 - ER/Outpetiant 3 - DOA 4 Nursing Home 5 Rasidenca 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO BY 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) BE COMPLETED 8 Could not be 4 Homicide determined 29e. CERTIFIER investigation, in my opinion, death occured at the time, data and placa, end due to the cause(e) as SIGNATURE AND TIPLE OF CENTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 2 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DR. D. HARRIS ST. JOSEPH HOSPITAL 7620 YORK RD TOWSON,MD 21204 REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) AUG 2 3 1994

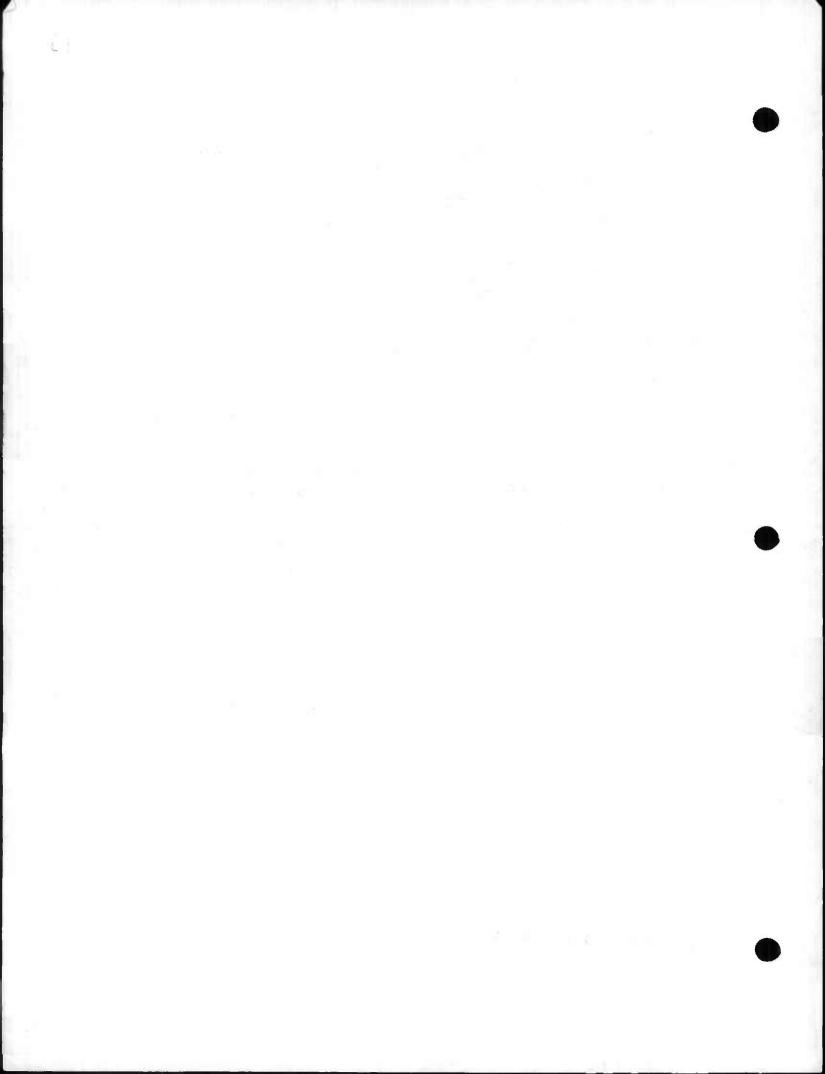
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

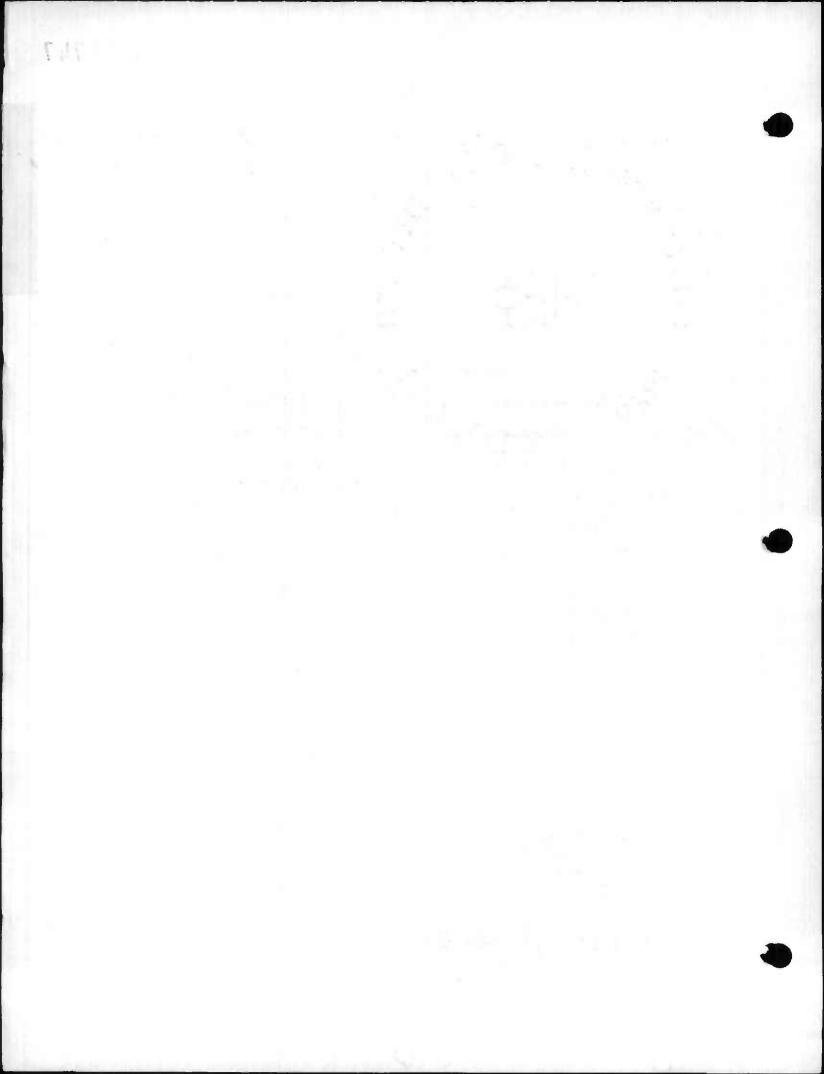
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM CERTIFICA	ENT OF H	EALTH AND I	MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)	ANDIBR				2. DATE OF DEATH	DAY 272	YEAR 3.	TIME OF DEATH	Рм
	290 22 5705	1 □ M 2 1 F 83	MON	THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/7/1			ACE (State or Fore	ign
TOR	9a. FACILITY NAME (If not institution, give street and number) University Hospital 9b. CITY, TOWN OR LOCATION OF DEATH Baltimore 9c. COUNTY OF DEATH									
DIRECTOR	nesidence of decedent 10a. STATE 10b. COUNTY Md.			wn or locat	ON				d. INSIDE CITY LIMITS?	0
RAL	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZ	ZEN OF WHAT	T COUNTRY?	
FUNERAL	4210 Colborne 11. Marital Status 1 Never Married 2 Married	PRO . 12. WAS DECEDENT EVER IN U FORCES? 1 □ YES IF YES, GIVE WAR OR DATE	2 XNO	13. WAS DEC	cify Cuben, Maxica	NIC ORIGIN? (Specify Y		Black, W		
D BY	3½ Widowed 4 □ Divorced				2 🔀 NO Specify			BI	ack	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)	6a. DECEDENT'S USUA (Give kind of work of life. Do NOT use reti	done during mo red.)	N it of working	16b. KIND OF B	USINESS/IND	JSTRY		
MOX.	17. FATHER'S NAME (First, Middle, Last)		DOMOBC.		18. MOTHER'S NA	ME (First, Middle, Maide	n Surname)			
BE		laynes					Barbe			
2		Powell				Route Number, City or To Balto.			29	
	2ar. METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Remov 4 Donation 5 Other (Specify)	al from Stale 20b. Pl	Mt. Audi	POSITION (Na lace)	ne of ⊇M •	1	ocation - c			
	21. SHENATURE OF FUNERAL SERVICE LICES			Jame:	ADDRESS OF FA		Sons			
23. PAHTAL Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, abock, or heart feilure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximation interval Be Onset and 4/4/4/4							Approximet interval Bet Onset and I 4 / 4 / 4	Death		
							MILABLE PRIOR TO MPLETION OF CAL DEATH?	USE		
NAN	DID TOBACCO USE CO			28. PL	ACE OF DEATH (Ch					=
YSIC	1 TYES 2 NO	HOSPITAL: 12 Inputlant 2 ER/Output		HER: Nursing Hom	5 🗆 Realdence	8 Other (Specify)				
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. 1NJ WO M 1 1	JRY AT RK? ES 2 NO	28d. DESCRIBE HOW	INJURY OCC	URED		
TED BY	2 Accident investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — building, alc. (Specify)	Al home, farm, atreel	, factory, office		281. LOCATION (Stree City or Town, State	t and Number (or Rurel Route	Number,	
COMPLET		AN: To the best of my knowled On the basis of axamination e							d manner aa stat	ted.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Mesmy	(keride	at)	29c. LICENSE NUR	dent Dent	29d. DATE	SIGNED (MO	onth, Day, Year)	
٦	30. NAME AND ADDRESS OF PERSON WHO TIMOTHA J. MA	Wey mo		,	ene st.	1. BAH	more	me	0 2/20	0/.
	AUG 2 4 1994	A PORTE OF THE	tall							



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BOX
P.0.
RECORDS,
OF VITAL
DIVISION

1	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	APICELLA		2. DATE OF DEATH MONTH - 20 - 9	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 219-16-6054 98. FACILITY NAME (If not institution, give st	1 2 M 2 □ F 7/ YRS. W	IF UNDER 1 YEAR IF UNDER 24 HRS. #ONTHS DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF DEA	7. DATE OF BIRTH (Month, Dey, Year) 7 - 77 - 23	6. BIRTHPLACE (State or Foreign Country) D NTY OF DEATH			
DIRECTOR	240 ALBE	RMARLE ST.	BALTIMORE					
10-	10a. STATE 10b. COUNTY D, 10a. STREET AND NUMBER	18c. GIT,	ALTIMORE 101, ZIP CODE	10g. CIT	10d. INSIDE CITY LIMITS? 1———————————————————————————————————			
FUNERAL	2 40 ALB	RMARIE ST.	2/202	C ORIGIN? (Specify Yea or No	USR 14. RACE — American Indian,			
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Mexican 1 YES 2 NO Specify:	i, Puerto Rican, atc.)	Specify: White, etc. Specify: ####################################			
PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)		ork done during most of working	166. KIND OF BUSINESS/INC	URANT			
BE COMPL	17. FATHER'S NAME (First, Middle, Last) ANTHONY	APICELLA	16. MOTHER'S NAM	AE (First, Middle, Maiden Surname)				
TO 8	190. INFORMANT'S NAME (Type/Print) MARY APICE	ELLA 24E	ADDRESS (Street and Number or Rural Ru ALBERM)	oute Number, City or Town, State, Zig. ARLE ST 2	Ballo 2/2021			
	20s. METHOO OF DISPOSITION 1 Buriel 2 Cremetion 3 Ram 4 Donatton 5 Other (Specify)	NOMBINE Place)	TION (Name of cometery, cremetory or	BACT + SONS FU				
shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Diseas								
L CERTIFIC	that initiated events resulting in death) LAST PART II. Other significant condition	DUE TO (OR AS A CONSEQUENCE OF) d ns contributing to deeth but not resulting in		Part I. 24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDS			
: MEDICAL		96E RENAL		PERFORMED? 1 YES 2 NAO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2000 NO		26. PLACE OF DEATH (Che OTHER: 4 □ Nursing Home					
о ву рну	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED							
COMPLETE	CONSCR ONLY	SICIAN: To the best of my knowledge, death occurred						
8	AND SIGNATURE AND TITLE OF CERTIFIE		29c. LICENSE NUN 29c. LICENSE NUN	ABER 29d. DA	TE SIGNED (Month, Day, Year)			
01	7402 YORK	HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, PD SWITZ / O 152 REGISTERS SIGNATURE	Print) 5 BAZT	IMORE	MD 2120			



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with norms after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	for STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH AN	D MENTA	L HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE	OF OEATH	Y YEA	3. TIME OF OEATH
		E	BAN			IST 20.		1:54 PM
	016 60 0007		n yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HE NONTHS DAYS HOURS MIN	N. N. MOT	of BIRTH	6. BI	PRYLACE (State or Foreign CHIPTY)
	9e. FACILITY NAME (If not institution, give street		THS.	9b. CITY, TOWN OR LOCATION O		.1,195	9c. COUNTY C	
OB	THE JOHNS HOPKIN		ľ	BALTIMORE CIT			34. 0001111	n/a
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY	2 11031 1171		TOWN OR LOCATION				10d. INSIDE CITY
DIR	MARYLAND n	/ a		BALTIMORE				X LIMITS?
FUNERAL	10e. STREET AND NUMBER	N. ROSE S	STREET	2120	5		109. CITIZEN C	DE WHAT COUNTRY? D STATES
BY FUN	1 MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 (X) N/O	13. WAS DECENDENT OF HIS If yee, specify Cuben, Ma 1 YES 2 NO So	SPANIC ORIGI exicen, Pueno pecify:	N7 (Specify Yee Ricen, etc.)	8	ACE — American Indian, Black, White, etc. Specify: BALCK
TED	15. DECEDENT'S EDUCAT (Specify only highest grade co		16e. DECEDENT'S U (Give kind of wo	SUAL OCCUPATION rk done during most of working	16	b. KIND OF BUS	INESS/INDUSTR	IV .
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5 +)	LAB(rk done during most of working retired.)) R E R		CLEAT	NERS	
BE CO	17. FATHER'S NAME (First, Middle, Last) UNKNOWN			18. MOTHER'S	NAME (Elist,	BROW I	Syrname)	
TO B	196. INFORMANT'S NAME (Type/Print) SARAH ROBI	NSON	196. MAILING A	COPLEY RO	AD,	BALTI	MURE, N	D 21215
	20a. METHOD OF DISPOSITION	al from State Ceps	PLACE AND DATE OF	DISPOSITION (Name of	DA		CATION — City o	
	4 Donation 5 Other (Specify) .		JSHELL	MEMORIAL (GARDE	NS DI	JNDALK	, MD
	Xinitte	- K. C)	Dro -	WM. C. MAF		H11	01 E.	NORTH AVE
\vdash	23. PART I. Enter the diseases, or cor	mplications that caused	the death. Do no	t anter the mode of dying,	such ss car	dlac or reapir	retory arrest,	Approximata
	ahock, or hasrt failura. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Intracrar	ich fina.	d				intarval Between Onset and Dasth US har
CERTIFICATION								
FICA	cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE OF)					
ERTI	that initiated evants resulting in death) LAST							
AL CI	PART II. Other significant conditions	contributing to death be	ut not reaulting in	the undariying cause given	in Part i.	24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICA		raverous dn				PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE OF	DEATH YES	NO \square			1 TYES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:		26. PLACE OF DEATH		ne)		
14SI	1 YES 2 NO 1	280. DATE OF INJURY	itlent 3 DOA	Nursing Home 5 ☐ Resider	_			
ву рну	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU	OF 28c. INJURY AT WORK? M 1 YES 2 NO		SCRIBE HOW IN	JURY OCCURE	°
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, ferm, str	eet, fectory, office	281. LOI City	CATION (Street e. or Town, State)	nd Number or Ru	ral Route Number,
COMPLET	290. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowl-	edge, death occurred	at the time, date and place, and	due to the ce	use(e) end men	ner en stated	
OMI	200)			In my opinion, death occured at				se(e) end menner se stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	1 4 -	mD	29c. LICENSE		_	29d. DATE SIGI	NED (Month, Day, Year)
6	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	, , , , , , , , , , , , , , , , , , , ,		1969	2	► 9/2	2017
	Tower 110 6	an in wal	-	Lt MD	2128	57		
	31. DATE FILED (Month, Day, Year) AUG 24 1994	32 REGISTRAR'S SONA	TURE	<u>/</u>				
a 18	7.1001							

	Item23a,Part1 FOR STATE REGISTRAR	1, Item 27, STATE OF MARY	LAND / DEPAR	9/22/9 RTMENT OF CICATE OF	HEALTH AND	MENTAL HYGIEN REG. NO	ŧΕ	
	1. DECEDENT'S NAME (First, Middle, Last) GREGORY LEE	BOOKER				AUGUST	20,199	
	4. SOCIAL SECURITY NUMBER 214-62-9215	5. SEX 6. AG	39 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	SEPTI6	1954	BIRTHPLACE (State or Foreign Country) MARYLAND
-	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY	
Į,	EASTERN DIST.C	ELLBLOCK		BALTI	MORE		n/	a
DIRECTOR	MARYLAND 106. COUNT	n/a	10c. C/1	BALTI	YO'R E			10d. INSIDE CITY V LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 5931 DAY	WALT AVEN	IUE	1	01. ZIP CODE 21206		UNIT	ED STATES
B	11. MARITAL STATUS 1 Never Married X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 _ YE IF YES, GIVE WAR OR	ES 2X NO	If yes, s		NIC ORIGIN? (Specify Yean, Puerlo Rican, etc.) fy:	a or No — 14.	RACE — American Indian, Black, White, atc. Specify: BLACK
once. COMPLETED	(Specify only highest grade (Specify only highest grade Elementary/Secondary (0-12) 9 TH	College (1-4 or 5+)		WSUAL OCCUPAT work done during m se retired.) RER		J. J. J.		PRINTING CO.
m 2	17. FATHER'S NAME (First, Middle, Last) - RUSSELL	THORPE			16. MOTHER'S N	ME (Eirst, Middle, Meider BU	KER	
1 1	19a. INFORMANT'S NAME (Type/Print) BERNITA B(OOKER	19b. MAILING 593	ADDRESS (Street	and Number or Rurel	VENUE, CHY O'BY	TTTMO	RE, MD# 06
must be	20a. METHOD OF DISPOSITION X X Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	PLACE AND DATE		METERY			RE , MD
examiner	21. SIGNATURE OF FUNERAL SERVICE LI	3Wla	nd		C. MAR		101 E	. NORTH AVE
event, the medical	23. PART I. Enter the disease, or shock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. CARDIA	eed the deeth. Do n each line. C ARRHYT S A CONSEQUENCE O	HMIA	oda of dying, suc	ch es cerdiec or rasp	lratory arrest	, Approximate intervel Between Onset and Dauth
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	DUE TO (OR A:	RY ARTER S A CONSEQUENCE O	F):	ASE			
MEDICAL CE	PART II. Other eignificent condition	DICTION(W	Double not resulting	In the underlyin	ng cause givan in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
23 AN	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUSE	OF DEATH YI			Ν□		
or Item	EXAMINER? 1) YES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/O		OTHER: 4 I Nursing Hor	me 5 🗆 Residence	6X Other (Specify)	CELL B	LOCK
s marked, or	27. MANNER OF DEATH 1 Matural 5 Pending 2 Accident Investigation	28s. DATE OF BUJUN (Month, Day, Year	() IN.	M 1	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	NJURY OCCUR	EO
E 0	3 Suicide 8 Could not be 4 Homizide determined	28e. PLACE OF INJU building, etc. (S	IRY — At home, farm, pucify)	etreet, factory, offi	Ce .	281. LOCATION (Street City or Town, State)	and Number or I	Rural Route Mumber,
ANT: If Item 2 COMPLET		ICLAN: To the best of my kn ER: On the basis of axamina						suse(a) and manner as stated.
IMPORTANT: If I	SHO, BIGMATURE AND TITLE OF PERTINA	all A	Jay		O.C.M.		1	GNED (Month, Day, Year) UST 21, 1994
-	MARIO F. GULV	DOCUMPLETED CAUSE OF			eet, Bai	ltimore,	Maryl	and 21201
	ALIC 2 A 100 A	32. REGISTRICA'S SIG						

-transit permit, Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 nours after death. Page 6 may be retained by the hospital of in by the funeral director, page 5 should be detached to notified at pe must the medical examiner filled in by the cremation, or completely other traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 MOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed with the attending physician and con Mental Hygiene prior to burial, 6 n signed by the Health and t. of F has bee 23 Hem 0 with 1 marked, OIRECTOR, After the hours after death v

FORE IIS 187, 9-714, 8-24-94 OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO. CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH Benjamin YEAR **CORNELIUS** BENJAMIND **BRACEY** AUGUST 1994 18 2:07 Рм 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS 1] M 2 - F 55 YRS. 212-34-1010 8-18 11-2-9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY RESIDENCE 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD 1 X YES 2 NO BALTIMORE FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1550 PENTWOOD ROAD 21239 U.S.A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—tf yes, specify Cuban, Maxican, Puerto Ricen, etc.)

1 □ YES 2 ☒ NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried COMPLETED BY Specific 3 Widowed 4 Divorced BLACK 15. DECEDENT'S EDUCATION (Specify only highest grade complet 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working (Give kind of work done life. Do NOT use retired.) College (1-4 or 5) Elementary/Secondary (0-12) DRUG COUNSOLER REHAB CENTER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surneme) WILLIE BRACEY ELEASE 8 WARREN 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 GENEVA DAILY 1550 PENTWOOD RD. BALTO, MD. 200. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata 20e. METHOD OF DISPOSITION

1. Duriet 2 Cremetion 3 Removat from State

4 Donation 5 Other (Specify) DULANEY VALLEY MEMOR 8/24 PADONIA, MD. 21. SIGNATUM OF FUNERAL SERVICE LICENSE! 22. NAME AND ADDRESS OF FACILITY BETTS FUNERAL HOME 1129 N. CAROLINE ST. BALTO, MD21213 23. PART J. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haset failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition cell concer nonsmall LUNG year resulting in death) DUE TO (OR AS A CONSEQUENCE OF). Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 YES 2 NO OF DEATH? 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: 25. WAS CASE REFERRID TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES BO NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, stc. (Specify) item 28 is r 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the ceuse(e) end menner ee stated. TO THE HOSPITAL

TO THE FUNERAL (
be filed within 72 h

IMPORTANT: If II (Check only one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Mo 29c. LICENSE NUMBER BE D44912 18 P Johns 994 32. REGISTRAR SIGNATURE 31. DATE FILED (M

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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	THE PRINCIPLE DIVICION. The law requires that the death certificate he executed with

31. DATE FILED (Month, Day, Year) AUG 24 1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH ARVETTA SODE a, A SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign onth, goy, Year) 1 M 2 XF Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1/4 RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY TES 2 NO permit. FUNERAL 100, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21830 S.A C use as the burial-transit hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARIJAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 AO Specify: 14. RACE — Black, V 21215-0020 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high for y/Secondary (0-12) ege (1-4 or 5+) Abu detached once. 17. FATHER'S NAME, (First, Middle, Last) retained by the 2 듉 riscoe Jones BE funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 2 2 20b, PLACE AND DATE OF DISPOSITION (Name 9 Page 6 may must 4 Donation 5 Other (Specify) examiner HATURE OF FUNERAL SERVICE LICENSEE filled in by the medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory strest, shock, or heart failure. List only one cause on each line. Approximate interval Betwe 50 IMMEDIATE CAUSE (Finsi **Onset and Death** cremation, the disease or condition resulting in death) and completely fit burial, cremation . ADENOVIRAL PNEUMONIA traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 6 if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury the attending physician Mental Hygiene prior to prior or other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART ii. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO and and ANOXIC ENCEPHBLO PATHY shows any COMPLETION OF CAUSE Signed Health a 1 YES 2 NO DF OEATH? ATRWAY 1 | YES 2 | NO PHYSICIAN: has be Dept. item 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only on certificate h HOSPITAL:
1 Dispetlant 2 ER/Outpetlent 3 DOA OTHER: 1 YES 2 NO 4 - Nt Home 5 Assidence 6 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF INJURY 284. DESCRIBE HOW INJURY OCCURED is marked. this c 1 Natural 5 Pending Investigation М 1 YES 2 NO BY death CTDR: After 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 8 Could not be detarmined after 28 4 Homicide 29a. CERTIFIER 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. MPORTANT 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE TO THE ral m.D. MD 194

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death certific	attending phy ental Hygiene I
9	BILL

BALTIMORE, MARYLAND 21215-0020

CORDS, P.O. BOX 68760

DIVISION OF VI

BE COMPLETED BY FUNERAL DIRECTOR

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COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BE 9 resulting in deeth) LAST

must be notified at once. medical examiner or other traumatic event, the nows any injury, gned by the lealth and Mer es that the TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE FUNERAL DIRECTIOR: After this certified be filed within 72 hours after death with the SN IMPORTANT: If item 28 is marked, or ite

							91	-} 6	24752
FOR STATE OF MARYLA	AND / DEPARTM CERTIFICA					GIENE	:		
1. DECEDENT'S NAME (First, Middle, Last) Tyrone O	Batty				2. DATE OF DE.	ATH 22	19	99 ⁴ 4"	3. TIME OF DEATN
218-44-0322 1 \(\times \) M 2 \(\times \) F 4		UNDER 1 YEAR	-	24 HRS. MIN.	7. DATE OF BIR 4-8-4	TN Year) 6		8. BIRTI Count	NPLACE (State or Foreign try) MD
9a. FACILITY NAME (If not institution, give street and number) 1517 W. Mulberry Street		Balto	OR LOCATIO	ON OF DE	ATN		9c. COU	INTY OF D	DEATN
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD	10c. CITY, TO BALT	OWN OR LOCA	ATION						10d. INSIDE CITY LIMITS? XXYES 2 \(\text{NO} \) NO
1517 W. MULBERRY ST.		10	2122					S A	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1. YES IF YES, GIVE WAR OR DATE.	U.S. ARMED 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— Black, White Specify: Specify:			E — American Indian, ick, White, atc. ichy: Black					
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Etamentary/Secondary (0-12) 1 2 T H College (1-4 or 5+)	(Give kind of work life. Do NOT use ret	18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) CHEMICAL TECHNICIAN W.R. GRACE							
17. FATHER'S NAME (First, Middle, Lest) THOMAS E. BATTY SR.				RACE	ME (First, Middle, I				
190. INFORMANT'S NAME (Type/Print) MARJORIE BATTY	The state of the s					1223			
4 Donalion 5 Other (Specify)	PLACE AND DATE OF DI WOODLAWN	Plece) CEN	METEF		82594			City or To	own, State N MD
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Walla Educat	2	Marc 4300		H We abas	st h Avenu				
23. PART I. Enter the diseases, or complications that caused ahock, or heart fellure. List only one cause on ear IMMEDIATE CAUSE (Finel	the death. Do not e ch line.	enter the m	ode of dyle	ng, such	n as cerdiec pr	respira	atory arr	rest,	Approximata interval Between Onset and Death
e. MEASAS DUE TO (OR AS A C									4 Months
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	CONSEQUENCE OF:	1AVY	sit	R					

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 🗌 NO 🗌 UNCERTAIN 🖾 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 100 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident Pending Investigation 1 YES 2 NO 28a. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide

29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

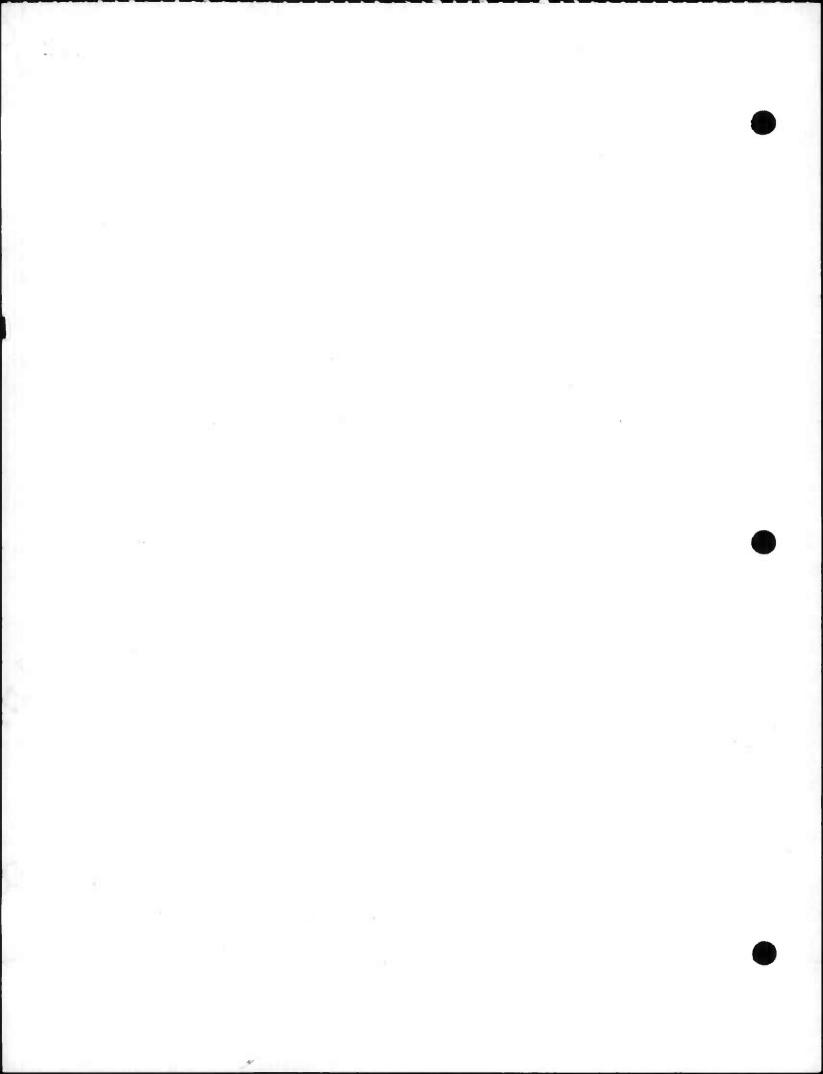
PART ii. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i.

2 __ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated.

IND. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, De
12 Clocamos	\$17150	D 8/23/94
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		

ROLANDO VIETA	mo 1447	YORK Ad	otherulla	NO	21093
DATE Fill ED (Month One Merc)	22 DECICTBADE CIONATURE				

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27. MANNER OF DEATH

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2 Accident
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requires that the death certificate be een signed by the attending physician of Health and Mental Hygiene prior to

executed wit

use as the burial-transit permit. Pages 1, 2, 3 should

ATTENDING PHYSICIAN: The faw

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR Blackwell Larry Easton Blackwell 12:15 A Arry 08 94 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In yrs. last birthday) 6. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH 1 M 2 | F 218-60-5377 40 Maryland 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR University Hospital Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland 1 X YES 2 | NO Baltimore FUNERAL 10e, STREET AND NUMBER 101 ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2925 Riggs Avenue 21217 21216 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-it yee, specify Cuben, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1.K Never Merried 2 Married 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced Bl.ack ETED. 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life, Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only hi Elementary/Secondery (0-12) College (1-4 or 5 +) Assistant COMPL College 2 Occupational Therapist Kernan Hospital 17. FATHER'S NAME (First Middle Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) Roxie Poole Roxie Marie Blackwell Robert Junious Blackwell BE Robert Blackwell 190. INFORMANT'S NAME (Type/Print)
Robert Junious Blackwell 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 21216 Robert Blackwe 2925 Riggs Avenue Baltimore, Maryland 20e, METHOD OF DISPOSITION
1 X Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE MD Vetearn Cem/Garrison 4 Donation 5 Other (Specify) 8/24 Owings Mills, MD 21. SIGNATURE OF FUNDRAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition distress resulting in death)

Restiratory d DUE TO (OR AS A CONSEQUENCE OF HIV DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly liet conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART ii. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY

Pheu monia

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 ☐ NO 1 YES 2 NO

29d, DATE SIGNED (Month, Day, Year)

26f. LOCATION (Street end Number or Rural Routa Number, City or Town, State)

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) 1 | YES 2 | NO

HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 26c. INJURY AT WORK? М

5 Pending Investigation 26e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 6 Could not be

26d, DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

29e. CERTIFIER
(Check only one)

2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner ee stated. 2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, date end pieca, and due to the ceuse(e) end menner ee stated.

Rossien 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29c. LICENSE NUMBER

July Jacobson Andalys Rossin

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ins after death. Page 6 may be retained by the hospital or attending physician.

I by the funeral director page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should emoval. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS

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	TO THE HOSPITAL OR ATTENDIAN PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL CHIEF OF A COMPLETE AND CONTINUES CONTINUED TO THE ATTENDING PHYSICIAN AND COMPLETELY MIND IN	be flied within 72 incurrent each with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or r	IMPORTANT: If the 21 contribed, or tem 23 shows any Injury, or other traumatic event, the me
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	L SECURITY NUMBER		5. SEX		yrs. lest birthde	MONTHS	DAYS	HOURS	24 HRS. MIN.		Day, Year)	1017	Cou	intry)	itate or Foreign
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17, FATHE	R'S NAME (First, Middle	e, Last)			W	aitre	55	18. MOT	HER'S NA	ME (First, Mi		Servi	rce		
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and the law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the host	infront Amer mit certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached an experiment of the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	A 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	TMENT OF		MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Les CHARLOTTE	CLA	RKE			2. DATE OF DEATH DO AUGUST 22	AY YEAR	3. TIME OF DEATH 9:55 A M
4. SOCIAL SECURITY NUMBER 218-14-4470	1 □ M 2 💢 F	AGE (In yrs. lest birthday) 69 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) June 25, 192	25 Ma	aryland
9a. FACILITY NAME (If not institution, give MEMORIAL HOSPITA			EAST(OR LOCATION OF DE	EATH	TALBO	
MEMORIAL HOSPITA RESIDENCE OF DECEDENT 106. STATE 106. COUNTY Maryland	Talbot	10c. CIT	Y, TOWN OR LOC	n			10d. INSIDE CITY LIMITS? 1 YES 2 NO
501 Hazelwood Dr	rive		1	21601			J.S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, OIVE WAR	YES 2 NO	If yes, s			or No — 14. R/	ACE — American Indian, lack, White, atc.
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 12	DUCATION de completed) College (1-4 or 5+)	life. Do NOT us	vork done during n	ION lost of working	16b. KIND OF BUS	SINESS/INDUSTRY	
					ME (First, Middle, Maiden a Davis	Surname)	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street		a Davis Poute Number, City or Tow	n, State, Zip Code)	
George E. Clark	e	501	Hazelwo	od Drive	Easton, M	Maryland	21601
20e. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	20b. PLACE AND DATE OF CONTROL OF	proisposition (in the place) Maus	oleum		CATION — City or kesville	Town, State Maryland
21. SIGNATURE OF FUNERAL SERVICE GEORGE J.	Ferrarse		22. NAME	chell-Wie	edefeld Hor	ne	aryland 21212
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially ilat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b DUE TO (OR		F):	of re	ebum		Interval Between Onset and Death
PART II. Other significant conditions of the significant condition	meters	oth but not resulting of which came	in the underlyi	ng ceuse given in	Part I. 24s. WAS AN PERFOR	RMED?	A4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 X Inpatient 2 Es	R/Outpatient 3 DOA	OTHER: 4 Nursing Ho	PLACE OF DEATH (Ch	8 Other (Specify)		
1 Pending	(Month, Day,	Year) 200, TIM	URY V	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED	
a Contette	28e. PLACE OF IN building, atc.	NJURY — At home, farm, ((Specify)	street, factory, off	ca	281. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,
onel	'SICIAN: To the best of my NER: On the basis of axem						e(e) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIF		(MD		29c. LICENSE NUN			IED (Month, pay, Year)
30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE OF	8 111	Prime) ASTO	N. Md	716	01	

ing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should giene prior to burial, cremation, or removal. ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 ertificate be executed within

IMPORTANT: If Item 28 is missed, profession and pro

DIVISION DEVITAL RECORDS P.O. BOX 68750	TO THE HOSPITAL OR ATTENDING PHYSICIAN The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: A completel to the state of the attending physician and completel be filed within 72 hours after command. The South of Health and Mental Hygiene prior to burial, cremate the state of the s
T C DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: The filed within 72 hours after own

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
First, Middle, Last)		2. DATE O	
eton. Sr.		момтн	22

	1 - FOR STATE OF M	ARYLAND / DEPAR CERTIFI	TMENT OF HE		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
i	Henry Cureton, Sr.				MONTH 2	YEAR 94	
	4. SOCIAL SECURITY NUMBER 5. SEX 230_2/1=3320 9. FACILITY NAME (if not institution, give street and number)	6. AGE (In yrs. last birthday) 70 YRS.		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 5,	1924	RTINPLACE (State or Foreign unity) SaCa
Œ	VA Medical Center	320 (0.21)	BALTIMO		ATN	9c. COUNTY O	F DEATN
2	RESIDENCE OF DECEDENT		DIMITIO	IXLI			
DIRECTOR	Maryland 106. COUNTY	10c, CITY	Baltimo				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
3AL	10e. STREET AND NUMBER		10f. :	ZIP CODE			F WHAT COUNTRY?
FUNERAL	3920 Boarman Ave.			21215			U.S.A.
BY FU		EVER IN U.S. ARMED YES 2 NO R OR DATES	If yes, spec		IC ORIGIN? (Specify Yes, Puerto Rican, etc.)	В	ACE — American Indian, lack, White, atc. pecify: Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of w		of working	16b, KIND OF BU	SINESS/INDUSTR	Y
BE CON	17. FATNER'S NAME (First, Middle, Last) James E. Cureton				ME (First, Middle, Meiden tha House	Sumeme)	
10	Bessie Cureton				altimore,		.215
	20q, METNOD OF DISPOSITION 1 (A Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACEAND DATE O			OATE 200. LO	cation - city of	
	21. SEGNATURE OF FUNERAL BERVICE LICENSES.	v		1206 W.	WILLIG	m C. Br	own Community
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	OF AS A CONSEQUENCE OF OF AS A CONSEQUENCE OF OF AS A CONSEQUENCE OF	7):	reilitus			Interval Between Onset and Death
PHYSICIAN: MEDICAL CE	PART II. Other aignificant conditions contributing to d	leath but not resulting in	n the underlying	cause given in i	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? MOSPITAL:		26. PLA	CE OF OEATH (Che	ck only one)		
IYSI	1 YES 2 NO 1 Inpatient 2	ER/Outpatient 3 DOA	4 Nursing Home				
ВУ РН	1 Natural 5 Pending (Month, Day 2 Accident Investigation	r, Your) INJU	M 1 YE		28d. OESCRIBE NOW		
ETED	3 Suicide 6 Could not be determined 258. PLACE OF building, a	INJURY — At home, farm, st fc. (Specify)	treet, factory, offica		28f. LOCATION (Street City or Town, State		ral Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axi						ne(s) and manner as stated.
TO BE (296 SIGNATURE AND THE OF CENTIFIER			29c. LICENSE NUM	BER		NED (Month, Day, Year)
-	THE AND ADDRESS OF PERSON WHO COMPLETED CAUSE	E OF OEATN (ITEM 27) (Type,	Print)				
	31. DATE FILEO (Month, Day, Your) AUG 2 4 1994						
	V	-					DHMH-18 Rev 1/89

Pages 1, 2, 3 should

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILEO (Month, Day, Year)
AUG 2 41894

Dept.

cremation, or filled

to burial,

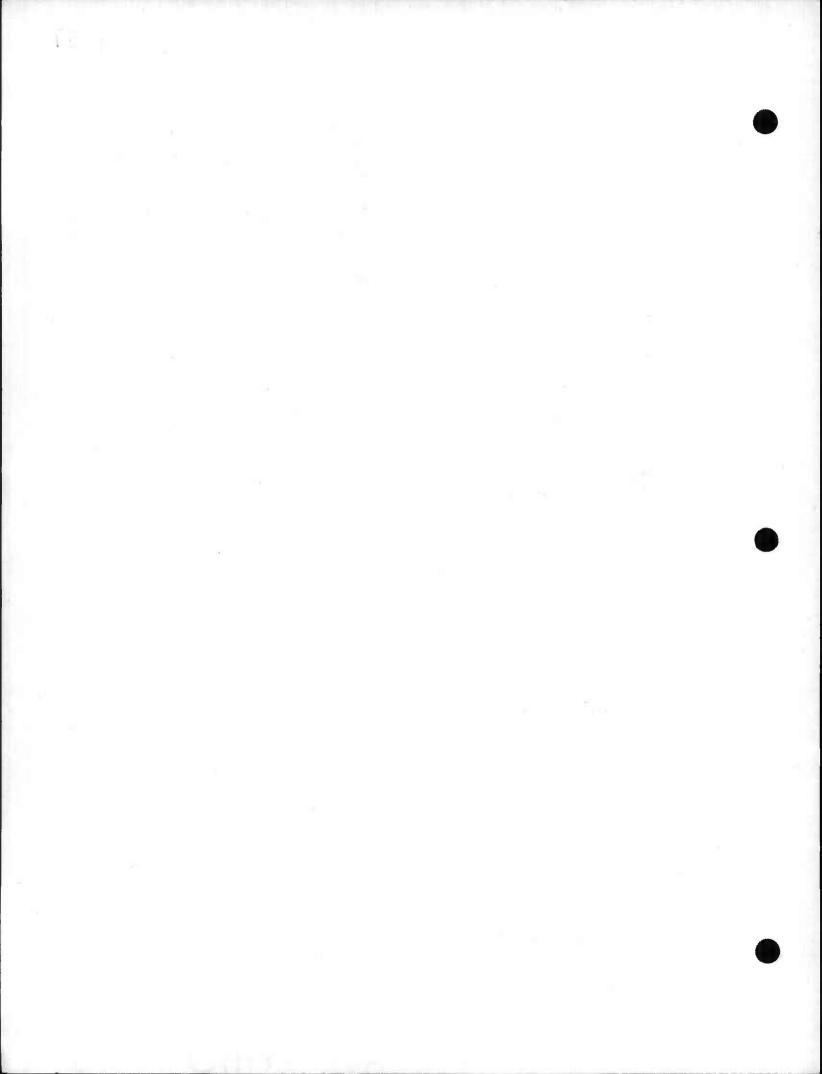
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RECORDS, P.O. BOX 68760,	e executed
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DIVISION OF VITAL	OR ATTENDING PHYSICIAN: The
VISION	ATTENDING
	DR
	OSPITAL

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF OEATH GERTRUDE CALLAHAN GENEVIEUE 7 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign June 4, HOURS 1 M 2 X F 213-20-1412 82 Baltimore, MD. 1912 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF OFATH DIRECTOR St. Agnes Hospital Baltimore RESIDENCE OF DECEDENT 10b. COUNTY IDC. CITY. TOWN OR LOCATION 10d. INSIDE CITY <u>Maryland</u> Baltimore 1X YES 2 NO 10a. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 2711 Norland Road 21230 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, While, etc. II yes, specify Cuban, Maxican, Puerio Rican, etc.)

1 YES 2 NO Specify: t Never Married 2 Married BY Specify: 3 🕅 Widowed 4 🗌 Olvorced White 16a. OECEOENT'S USUAL OCCUPATION COMPLETED 15. OECEOENT'S EOUCATION ecity only highest grade completed) 16b. KINO OF BUSINESS/INCUSTRY (Spe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 10 Bookkeeper Real Estate 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at John R. Smith Sarah Hiser BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Lawrence R. Callahan, Jr. 2711 Norland Road Baltimore, Maryland 21230 pe 20s. METHOO OF OISPOSITION
1 X Buriel 2 Cremation 3 Removal from State
4 Docation 5 Other (Specify) 20b. PLACE ANO DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Sista must Glen Haven Cemetery 8/25 ation 5 Other (Specify) Glen Burnie, MD examiner E OF FUNERAL SERVICE DICENSEE 22. NAME AND ACCRESS OF FACILITY Ambrose Funeral Home of Lansdowne 2719 Hammonds Ferry Rd. Lansdowne, MD 21227 Hay an medicai 23. PART I. Lenter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreat, shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition · acute intracerel ra + ventricular hamorrhage event, resulting in death) traumatic arteriorderot CERTIFICATION Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF) CAUSE (Diseese or injury other that initieted eventa resulting in death) LAST 6 injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERF AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 TES 2 NO Shows 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) Hem HOSPITAL:
1 Pinpatient 2 ER/Outpatient 3 DOA OTHER: 1 TYES 2 THO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 10 27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, streel, lactory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City of Town, State) 90 6 Could not be COMPLETED 4 Homicide 80 determined if item 29a. CERTIFIER
(Check only one)

2 MEDICAL EXAMINES: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL D
TO THE FUNERAL D
Be filed within 72 ho
IMPORTANT: If its 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. 296 SIGNATURE AND TITLE OF 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) **BE** aurena 0000 DO 1786 ▶8-22-94 9

LAURENCE R. GALLAGER, M.D., 3455 WILKENS AVE, BALTO, M.D. 21229



BALTIMORE, MARYLAND 21215-0020

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spiral or attending priysician.	as the bur		
airied by the Hospita	should be detached		iffed at once.
age o may be re-	director, page 5 s		er must be notified
Ans dites dedist.	uner		im 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mu
The law sequiles that the coatt settinged by executed with	completely filled	d Mental Hygiene prior to burial, cremation, or removal.	ic event, the m
commence be even	After this certificate has been signed by the attending physician and com	rgiene prior to bu	other traumat
Indian Die deam C	ned by the attend	Ith and Mental Hy	any Injury, or
וונר ופא וכחחוובי	ite has been sign	ate Dept. of Heal	em 23 shows
The Littleman	far this certifica	ers after death with the State Dept. of Health and	marked, or It
and and a	RECTOR A	after affect da	im 28 is

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DE CERT	PARTMEN	IT OF H	EALTH AND DEATH	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			TIME OF DEATH
	SHIRLEY	Theresa	C	ARTER)		Aug 16,	1994	YEAR	M
Ĭ	4. SOCIAL SECURITY NUMBER		E (In yrs. last birth	day) IF UND	ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		. BIRTHPL	ACE (State or Foreign
	214-40-2121 9e. FACILITY NAME (If not institution, give str	1 M 2 F	52 Y	AS. MONTHS		HOURS MIN.	Aug 20, 1	941		yland
DIRECTOR	307 Shenandoah Av			30. 0		timore	EATR	9c. COUNT	Y OF DEAT	п
EG	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY		100	. CITY, TOWN	OR LOCAT	ION			10	d. INSIDE CITY
	Maryland				imore	0.721				LIMITS? YES 2 NO
FUNERAL	10e. STREET AND NUMBER				101	ZIP CODE		10g. CITIZE	N OF WHA	T COUNTRY?
Ä	307 Shenandoah Av					21225			USA	
BY FU	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	10	If yes, spe	ENDENT OF HISPA Helfy Cuban, Maxie 2 NO Speci	NIC ORIGIN? (Specify Ye an, Puerto Rican, atc.) fy:	8 or No — 14	4. RACE — Black, W Specify:	American Indian, filia, alc. Black
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION	18a. DECEDE				18b. KIND OF BU	SINESS/INDUS	STRY	Diack
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do N	d of work don OT use retired	e auring mo: .}	st of working				
MPL	High School		S	ecret	ary		State of	of Mary	vl.and	3
8	17. FATHER'S NAME (First, Middle, Last)			42 MAII POR		18. MOTHER'S NA	ME (First, Middle, Maiden			
BE (George Booth						na Carter			
2	19a. INFORMANT'S NAME (Type/Print)		195. MA	LING ADDRE	SS (Street a	nd Number or Rural	Route Number, City or Tow	n, State, Zip Co	ode)	
-1	Thelma Booth		307	Shenai	ndoah	Avenue	Baltimo	ore, Ma	aryl.a	and 21225
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremellon 3 Ramo	val from Stata C6	ob. PLACE AND D	v or other place	8)			CATION — CIT		-m.v.
	4 Donellon 5 Other (Specify) En		Crest L	awn Ce	mete	ry	8/20 Marı	ciotts	<u>ville</u>	, MD
	· fevir to	erker	/	27	2501 2501 Balti	Gwynns I	Falls Park Tyland 212	Funera Tay 216	al. Ho	omes, Inc.
	23. PART I. Enter the diseases, or co	omplications that cause	ed the deeth.	Do not ente	or the mo	de of dying, suc	ch ss cardiac or reap	Iratory erres	ıt,	Approximate
	shock, or heart failura. L IMMEDIATE CAUSE (Fine) disease or condition resulting in daeth)	DUE TO (OR AS		ndit	(en	entrate	el malis	nanc	4	Interval Between Onset and Deeth
Z		DUE TO (OR AS	A CONSEQUEN	CE OF):	·				/	
CATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUEN	CE OF):						
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUEN	CE OF):						
CAL	PART II. Other eignificant conditions	contributing to deeth	but not result	ing in the u	ınderiying	ceuse given in	Part i. 24a. WAS AN PERFOR		AM	RE AUTOPSY FINDINGS AILABLE PRIOR TO
PHYSICIAN: MEDIC							1 YES 2	₽ NO	OF	MPLETION OF CAUSE DEATH?
ν.:	DID TOBACCO USE CONTR	IBUTE TO CAUSE (OF DEATH	YES 🗆	NO \square	UNCERTAI			1 1	YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF			ONCERNA		_		
SIC	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Out	tpetlant 3 🗆 Do	OTHE		5 T Residence	8 Other (Specify)			
<u>₹</u>	27. MANNER OF DEATH	28s. DATE OF INJURY	28b	TIME OF	28c. INJU	JRY AT	28d. DESCRIBE HOW	NJURY OCCUI	RED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJURY	1 TY	ES 2 NO				
ED B	3 Suicide 8 Could not be	28e. PLACE OF INJUR building, etc. (Spi	IY — A1 home, fe	rm, atreet, fa	ctory, office	1.	281. LOCATION (Street City or Town, State)		Rurel Route	Number,
	4 Homicide determined									
COMPLET		CIAN: To the best of my know								
S I	one) 2 MEDICAL EXAMINER	t: On the basis of axaminati	on and/or invest	gation, in my	opinion, de	eath occured at the	time, date end place, ar	d dus to the c	cause(e) an	d manner ee stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	/				29c. LICENSE NUI	MBER	29d. DATE S	IIGNED (MO	onth, Day, Year)
2	Ch 01/3					1227	82	18	186	59
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27)	Type, Print)	/	2/	110	4		
	31. DATE FILED (Month, Day, Year)	Serkma		yar.	740	1705/1	tal Cer	1/6/		
	A110 -	32. REGISTRAR'S SIG				L				
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STATE REGISTRAR

REG NO

BALTIMORE, MARYLAND 21215-0020

ION OF VITAL RECORDS, P.O. BOX 68760

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR DELROY ANTHONY DAILEY AUGUST 1.8 1994 03:01 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Worth, Day 2 4, 1 8. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR 6. BIRTHPLACE (State or Foreign 215-21-1660 1XXM 2 F DAYS HOURS 96Q PAMAICA hours after death. Page 6 may be retained by the hospital or attending physician. and if rector, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH n/a 8240 CHURCH LANE.APT.F DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION BALTIMORE 10a STATE 10b. COUNTY 10d. INSIDE CITY LIMITS? MARYLAND n/a 100. STREET AND NUMBER 1765 FUNERAL 10g. CITIZEN OF WHAT COUNTRY?

JAMAICA 10f. ZIP CODE FREEDOMWAY-NORTH 21213 11. MARITAL STATUS
11. Wever Merried 2 Merried 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 Specify: JAMAICAN B 3 Widowed 4 Divorced BLACK ETED 15. OECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) LABORER RENT-A-CAR COMPL 12 TΗ 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname) n/a KATHLEEN STEWART notified at BE 190. INFORMANT'S NAME (Type/Print)
GLADSTONE STEWART ROAD, BALTIMORE, MDapt. I 196. MAILING ADDRESS (Street 5 3 0 1 MORA 2 be 20a., WETHOD OF DISPOSITION
1 1 Donation | 2 | Cremetion | 3 | Ram
4 | Donation | 5 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata OATE must netery, crematory K I NG MEMORIAL PARK RANDALL STOWN, MD medical examiner 22. NAME AND ADDRESS OF FACILITY C. MARCH FH.-1101 E. NORTH AVE WM. completely filled in by the 23. PART LEnter the diseases, enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximate interval Between 10 IMMEDIATE CAUSE (Finel Onset and Death other traumatic event, the MULTIPLE GUMSHOT WOUNDS TO HEAD disease or condition resulting in death) bunal, and (CERTIFICATION Sequentielly list conditions, OUE TO (QR AS A CONSEQUENCE OF) Hygiene prior to if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST 0 Mental shows any injury, PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24e. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO OF DEATH? 1 YES 2 NO certificate has been DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Tem the State EXAMINER? HOSPITAL: OTHER: XXYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 X Residence 6 ☐ Other (Specify) 10 27. MANNER OF DEATH this c. with ti 28e. OATE OF INJURY 26b, TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO is marked, 1 Natural SUBJECT SHOP М UNK 1 YES After the death v UNK A investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town State) 3 Suicide 8 Could not be COMPLETED DIRECTOR: hours after 28 4 P Homicide HOME CHURCH LAW BOUTHON item 29e. CERTIFIER 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the ceuse(s) end manner es stated. TO THE HOSPITAL TO THE FUNERAL (De filed within 72 h 2X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE OCME AUGUST 19,1994 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

D-1608-

320 FORTINGE HOUSE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

111 Penn Street, Baltimore, Maryland 21201

BALTIMORE, MARYLAND 21215-0020	becuted within Jours after death. Page 6 may be retained by the hospital or attending physicia
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BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dent, or Realth and Mental Honere prior to burial, cremation, or removal.	and an exemple as a selficial at section
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f hours after death with the State Deot, of Health and Mental Hojene prior to burial, cremation, or removal.	If them 28 is mostled as Harn 22 shows any interes as other transmission and the mostled averages must be welffied at some

li	FOR STATE REGISTRAR	STATE OF MARYLAND		IT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	John R			2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
R	4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 90. FACILITY NAME (If not institution, give s	5. SEX 6. AGE (In yrs	YRS. F UND YRS. 9b. CI		7. DATE OF BIRTH (Month, Day, Year)	a. BIRTHPLACE (State or Foreign County)
FUNERAL DIRECTOR	PRESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. STREET AND NUMBER 11. MARITAL STATUS	O PACE 12. WAS DECEDENT EVER IN U.S.	10c. CITY, TOWN BAI Apt 5/8 Anned 13	101. ZIP CODE 2/2/	7 10g, CIT	10d. INSIDE CITY LIMITET 1
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDU	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES CATION 16a	DECEDENT'S USUAL	If yes, specify Cuben, Mexic 1 YES 2 NO Spec	can, Puerlo Rican, atc.)	Black Write, etc.
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) 17. FATHER: NAME (First, Middle, Last)	College (1-4 or 5+)	Give kind of work don life. Do NOT use retired.	of during most of worlding	AME (First, Middle, Marjein Surphine)	, 4
TO BE C	HENRY 190. INFORMANT'S, NAME (Type/Printy) M. July and Tox	DeshAZ	19b. MAILING ADDRE	10/1	Route Number, City or Town, State, Zi	(c) (2020)
	20e. METHOD OF DISPOSITION 1 E Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify) 21. SIGN TURE OF FUNERAL SERVICE LIK	oval from State cometery	CEAND DATE OF DISPO crematory or other pleci	Forestlace	m923 BA17	City or Town, State
	23. PARTY I. Enter the diseases, pro	d. Russ	2 3	NAME AND ADDRESS OF F	with Aleit	eral for e
	shock, or heart failure. IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	s. July 20 CON AS A CON	Carc	isana	of fall	Approximata interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A COM	SEQUENCE OF):	Bact.	erial	0
MEDICAL	PART II. Other significant condition	s contributing to death but n	ot resuiting in the t	undariying cause given id	Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Lozus	26. PLACE OF DEATH (C	heck only one)	
Y PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpetient 2 ER/Outpetien 26e DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	6 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY OC	CCURED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — A building, atc. (Specify)	t home, farm, atreet, fa	ctory, office	281. LOCATION (Street end Number City or Town, Stete)	er or Rural Route Number,
COMPLET	2 MEDICAL EXAMINE	R: On the beele of examination end		opinion, death occured at th	e to the cause(e) end menner ee sta te time, date end place, end due to ti	he ceuse(e) end menner ee stated,
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WH	AM	ITEM 27) (Type, Print)	29c. LICENSE NU	JMBER 29d. DAT	8/18/94
	31. DATE FILED (Month, Day Year)	32. REGISTRAR'S SIGNATUR	61 7 3 9 1 V			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR	STATE OF M	ADVI ANO /	DEDAD	THENT OF I	HEALTH AND	RENTAL L	IVOIEN	94	21	4761
	1 - STATE REGISTRAR	OINIE OI MI			ICATE OF			REG. NO.		0.4	
	1. DECEDENT'S NAME (First, Middle, Last)		SON				2. DATE OF MONTH	D/)-1)-	YEAR :	3. TIME OF DEATN
		rson _DOB	SON-				Augi	ist		994	10:00 Pm
	4. SOCIAL SECURITY NUMBER 220 78 7137	5. SEX	3. AGE (In yrs. last	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	BIRTH by. 70ar)		8. BIRTHPI Caunity) Mail	tACE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give a 14529 Old York F				Phoen	OR LOCATION OF D	EATH			timor	re County
DIRECTOR	Maryland Balt	imore Cou	nty	10c. CIT	Y, TOWN OR LOCA	rion Pl	noenix				IOd. INSIDE CITY LIMITS? I YES 2 NO
FUNERAL	14529 Old York F	Road			10	. ZIP CODE 2	1131			ZEN OF WH	IAT COUNTRY?
B	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI		MEO O	If yes, specify Cuban, Maxican, Puarto Rican, etc.) Black			14. RACE - Black,	- American Indian, White, atc. Thite		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 1	CATION completed) College (1-4 or 5 +)	16a. DE((Gir life.	ve kind of v Do NOT us	USUAL OCCUPATI work done during me se retired.) Mainten	ost of working	16b, K/P	ID OF BUS	SINESS/IND	USTRY	
l iii l	17. FATHER'S NAME (First, Middle, Last) Jefferson Gray	Dodson				18. MOTHER'S NA	ME (First, Midd ne Cou.				
TO B	19a. INFORMANT'S NAME (Type/Print) Darlene Coulbour	ne Dodson				nd Number or Rural					-
	20a. METNOD OF DISPOSITION 1	oval from Stata	20b. PLACE A cemetery, cres		OF DISPOSITION (N. ther place)	ame of	DATE	20c. LO	CATION —	City or Town	n, Steta
	21. SIGNATURE OF FUNERAL SERVICE LI	ENSEE Ronald	Wade	ir99		W.Baltime					
	23. PART I. Enter the disesses, or shock, pr heert failure. IMMEDIATE CAUSE (Final disesse or condition resulting in death)	. Gangli	on each iine.	blas	toma w	ith met			ratory sm	est,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	с.	OR AS A CONSECUTOR AS A CONSECU								
MEDICAL	PART II. Other significant condition						11	n. WAS AN PERFOR	MED?	6	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
SICIAN:	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				YES NO					
PHYS	1 VES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 I	JURY	DOA 26b. TIM	4 - Nursing Non	NRY AT	8 Other (Se		NJURY OCC	CURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	, Year)		URY WO	YES 2 NO				, O, I, L	
요	3 Suicide 6 Could not be detarmined	28a. PLACE OF building, at	INJURY — At hor c. (Specify)	me, farm, :	street, factory, offic	a	261. LOCATIO City or R	ON (Street a own, State)	and Number	or Rural Ro	ute Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the beat of m									and manner as stated.
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMBER D42535			29d. DATE SIGNED (Month, Dey, Year) August, 14, 1994			
Ţ	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE	M.D.	MSC 1	Print)	N. Wolfe	Stree	Т, В	altim	ore M	1D 21287
	31. DATE FILED (Month, Day, Year) AUG 2 4 1994							1			

		by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
020	ohysician.	ourial-transit permit.
BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	or use as the l
LAND	by the hospital	be detached f
, MAR	be retained	ge 5 should
TIMORE	. Page 6 may	ral director, pa
BAL	after death	by the fune

DIVISION OF VITAL RECORDS, P.O. BOX 68760

nours after death. Page 6 may be retained	neral director, page 5 should	
nted with nours after de	completely filled in by the fu	ial, cremation, or removal.
AN The law requires that the death certificate be executed with	the this certificate has been signed by the attending physician and completely filled in by the fune	on after death with the State Digit, of Health and Mental Hygiene prior to burial, cromation, or removal.
The law requires that t	are has been signed by	time Dept of Health and
A ATTENDING PHYSICIAN	RECTOR After this certify	ocs after death with the S
HOSPIN, C	PACE RALL D	1/2/mm

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	DIV		2. DATE OF DEATH MONTH DAY	year 3. TIME OF DEATH
		717		AUG 19	94 6 PM
	4. SOCIAL SECURITY NUMBER 5. SI	M 2 PF 8. AGE (In yrs. lest birthday) W 2 PF 8 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year)	8. BIRTHPLACE (State or Foreign Country)
1	9e. FACILITY NAME (If not institution, give street er	d number)	96. CITY, TOWN OR LOCATION OF D		TY OF DEATH
DIRECTOR	BON DECOUR	strosp	BA/limore	City	
H N	10e. STATE 10b. COUNTY	10c. C)	Y, TOWN OR LOCATION	0	10d. INSIDE CITY
ā	MARY/And	B	Allimore		1 PES 2 NO
FUNERAL	100. STREET AND NUMBER	hester St	101. ZIP CODE	10g. CIŢIZ	EN OF WHAT COUNTRY?
15	THE PROPERTY OF THE PROPERTY O	AS OECEDENT EVER IN U.S. ARMED ORCES? 1 YES 2 PRO	13. WAS DECENDENT OF HISPAI	NIC ORIGIN? (Specify Yee or No-	14. RACE — American Indian, Black, White, etc.
B		YES, GIVE WAR OR DATES	1 VES 2 NO Specifi		Black
8	15. OECEDENT'S EDUCATION (Specify only highest grade complete	eled) (Give kind of	USUAL OCCUPATION work done during most of working	166. KIND OF BUSINESS/INDU	ISTRY
once. COMPLET	Elementary/Secondary (0-12) Coll	ege (1-4 or 5+)	se retired.)		
OM IN	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Maiden Surname)	
E G	Wright King	hands	mar	4 Fector	
TO B	199: INFORMANT'S NAME (Type/Print)	19b. MAJLING	A OORESS (Street end Number or Rural)	oute Nymber, City or Town, State, Zip	coof, 1
2	Mis JOEANN TO	ACKALI 156	Dolphin ST	BAllimore	md. 2.pm
Jan 1	20e. METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Removal for	20b. PLACE AND DATE	OF DISPOSITION (Name of	SATE 20c. LOCATION - 0	try or Joseph, State
5	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES	VIIIIYIA	22 NAME AND ADDITIONS OF FA	My Mur	in lunging
examiner must be notified at once. TO BE COM	Hoseph d	Reiss	12222 111. 1	oth Ave Rult	md21210
	23. PART L Enter the diseases, or compl	cations that caused the death. Do	not enter the mode of dying, suc	h as cardiac or respiratory arre	
Ē	shock, or heert failure. List o	nly one cause on each line.			Onset and Deeth
=	disease or condition resulting in death)	CARDUORESP	RAPPY ADER	887	
or other traumatic event, the medical	i e	OUE TO (OR AS A CONSEQUENCE O	r):		
NO.	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE O	F):		
S E	cause. Enter UNDERLYING CAUSE (Disease or Injury	JUM SUME	DISCAPE		
T F	thet initieted events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE O	F):		
CERTIFICATION	d.	2662R			
-	PART II. Other significent conditions con	tributing to death but not resulting	in the underlying couse given in		24b. WERE AUTOPSY FINDINGS
S S				PERFORMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME				_	1 YES 2 NO
2 3	DID TOBACCO USE CON	TRIBUTE TO CAUSE OF			
WPLETED BY PHYSICIAN: MEI		SPITAL:	26. PLACE OF DEATH (Ch		
HYS		Inpatient 2 ER/Outpatient 3 DOA 28e. OATE OF INJURY 28b. TIN	4 Nursing Home 5 Residence	6 ☐ Other (Specify) 26d. DESCRIBE HOW INJURY OCCI	1950
Y P	1 Natural 5 Pending		JURY WORK? M 1 YES 2 NO	200. DESCRIBE NOW INJURY OCCU	SHEO
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At home, ferm,	street, fectory, office	281. LOCATION (Street and Number of	r Rural Route Number
COMPLETED	4 Homicide determined	building, etc. (Specify)		City or Town, State)	AT ACADA PARAMETER
1 2		To the best of my knowledge, death occurr	ed at the time, date end piece, end due	to the cause(e) end manner ee state	d.
	one) 2 MEDICAL EXAMINER: On	the beele of exemination and/or investigation	on, in my opinion, death occured at the	time, date and place, and due to the	ceuse(s) and menner se stated.
H	29b. SIGNATURE AND TITLE OF GERTIFIER	SMITTANO	29c. LICENSE NUI	MBER 29d. DATE ► &	SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEATH (ITEM 27) (Type		DE 46 BANA A	N 21215
	AUG 24 1994 Julia	ALDED SIRAN SALVADORE			

D D

ng physician. he burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

IVISION OF VITAL RECORDS, P.O. BOX 68760,

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending	TDR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the		m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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H	this	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ked
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	1 - FOR STATE REGISTRAR	TATE OF MARYLAND) / DEPARTMENT			ENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH MONTH DAY YEAR					3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. S	SEX 8. AGE (In yrs	lest birthday) IF UNDER		IF UNDER 24 HRS.	Avgust 2		0731 Am
	238-24-2142	ZM 2 □ F	76 YRS. MONTHS	DAYS	HOURS MIN.	8-15-18	8. Bit Co	RTHPLACE (State or Foreign untry)
œ	9a. FACILITY NAME (If not institution, give street as Union Memoria	,	. 1		LOCATION OF OEA		9c. COUNTY O	F DEATH
<u>ō</u>	RESIDENCE OF DECEDENT	- HOSPICA.		Dail	imore C	ıty		
DIRECTOR	10e. STATE 10b. COUNTY MD		10c. CITY, TOWN O					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	100. STREET AND NUMBER			101.	ZIP CODE	_	10a, CITIZEN O	F WHAT COUNTRY?
ER/	1933 W. LANVALE	ST.			21217	7	U.S	
FUNERAL		WAS DECEDENT EVER IN U.S.				ORIGIN? (Specify Yes	or No- 14, R	ACE — American Indian,
BY F		FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES			city Cuban, Maxican, 2 X NO Specify:	Puarto Rican, etc.)	1	lack, White, atc.
ED B								LACK
1	15. DECEDENT'S EDUCATION (Specify only highest grade complete)	leted)	(Give kind of work done life. Do NOT use retired.)	during mos	N t of working	16b. KIND OF BUS	SINESS/INDUSTRY	Y
FE	Elementary/Secondar (0-12) Col	Hege (1-4 or 5+)	LABORER			IND	USTRY	
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18 MOTHEO'S NAME	E (First, Middle, Maiden	Cumanal	
Ö	JOHN E. HARRIS				SARAH	CLA		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS	S (Street an				
5	LOUISE BRISBON					Y, BALT		
	20s. METHOD OF DISPOSITION	20b. PLA	CE AND DATE OF DISPOS	SITION (Nan			CATION — City or	
	ty Burial 2 Cremation 3 Ramoval for 4 Donation 5 Other (Specify)	ROC	KY BRANC	H CF	HIR CEM	8/27 TA	NCASTE	R. S.C.
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	· /2	22.	NAME AND	ADDRESS OF FACI	LITY	- 22 7-	L HOME
- 8	* True limber	Somati	1	129	N. CARO			0,MD 21213
	23. PABY Enter the disease, or complehock, or heart failure. List of IMMEDIATE CAUSE (Final disease or condition resulting in death)	only one cause on each	death. Do not enter line. YUCULA 1950UENCE OF):		\wedge		ratory arrest,	Approximata Interval Between Onset and Daath
	resulting in death) , a	DUE TO (OR AS A CON	SEQUENCE OF):		11			- 1
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	QUE TO (DI) AS A CON	MUSSIVA		take	_		3 14/3
CAT	cause. Entar UNDERLYING	Acuta	tobelow	nec	NS1) (1	Renal Fa	ilva	3 14/1
Ĕ	CAUSE (Disease or Injury that Initiated eventa	DUE TO (OR AS A CON	SEQUENCE OF):					
E	resulting in death) LAST							
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FIND						24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
M	DID TOPLOGO HEE CO.							1 TYES 2 NO
N	DID TOBACCO USE CON	AIRIBUIE 10 CA	USE OF DEA					
1 C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:	OTHE		ACE OF DEATH (Checi	t only one)		
14S	t VES 2 (NO 1)	**Popelient 2 ER/Outpatient 28s. DATE OF INJURY			5 Residence 6			
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJU WOR	IK?	Rad. DEŞCRIBE HOW II	NJURY OCCURED	
À	2 Accident Investigation 3 Suicide e Could not be	28s. PLACE OF INJURY — A	home farm street fact		S 2 NO	181. LOCATION (Street a	and Number or Pur	of Posts Mumber
	8 Could not be 4 Homicide detarmined	building, etc. (Specify)		.o.y, oo.		City or Town, State)	ind Number of Her	ar node remoer,
COMPLETED	29a. CERTIFIER	T. M. 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
MP	(Check only one) 2 MEDICAL EXAMINER: On	To the best of my knowledge the basis of examination and						in(a) and manner on stated
	29b. SIGNATURE AND LUCE OF CERTIFIED		The state of the s					
H	1////	9			29c. LICENSE NUMB	91	29d. DATE SIGN	IED (Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEATH (ITEM 27) (Type. Print)		14/1/10	()	010	ugust /22/1994
	Philip 1.	3 vescher	- Union	M	Ipjroms	Hospital	Balt	imore, md
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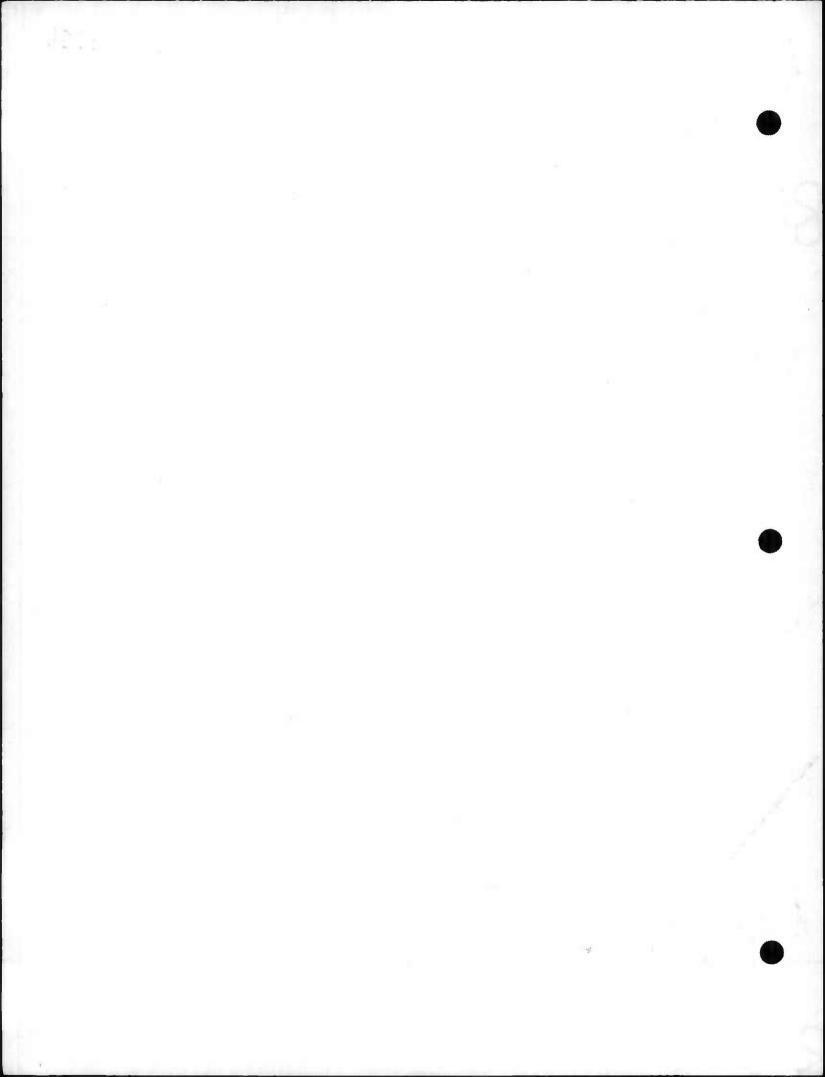
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 27 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

	REGISTRAR		CEF	RTIFIC	ATE O	F DEATH	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	EUGENE	D.	нот	LANI)	2. DATE OF DEAT	DAY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest bi		UNDER 1 YEA		8-21-		I a num	10:00 pM HPLACE (State or Foreign	
	212-42-3838	1 🔯 M 2 🗆 F	-		THE DAY		(Month, Day, Ye	1940	Count	nry)	
	9e. FACILITY NAME (If not institution, give street and number)			9b	9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DE						
e l	1115 W. Mulberry St.				Balt	imore, 1	Md.				
딦	106. STATE 10b. COUNTY	Y		10c. CITY, TO	OWN OR LO	CATION				tod. INSIDE CITY	
DIRECTOR	Ma.			E	Balti	more			LIMITS?		
FUNERAL	10e. STREET AND NUMBER					10f. ZIP CODE		10g. Cl	10g. CITIZEN OF WHAT COUNTRY?		
	1115 W. Mulber								USZ		
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1	YES 2X NO	D	It yes,	DECENDENT OF NISPAI specify Cuban, Maxica	n, Puerto Rican, etc	y Yes or No—	or No— 14. RACE — American Indian, Black, White, etc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		10	'ES 2 NO Specif	у:		BI	ack	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		téa, DECEI	DENT'S USL	JAL OCCUP	ATION most of working	16b. KIND O	BUSINESS/IN	IDUSTRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)		NOT use re		most of working	CO	netrii	truction		
N N	17. FATHER'S NAME (First, Middle, Last)					18 MOTNER'S NA	ME (First, Middle, Ma			J11	
	Anacin	Pearson						ollan		1	
TO BE	19a. INFORMANT'S NAME (Type/Print)	7				et and Number or Rural					
-	Muriel N. Holl		7	.60T	Spra	y Ct. 1	Balto.,	Md.	212.	17	
	28e, METNOD OF DISPOSITION Burlet 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery, crema	tory or other	place) ,			LOCATION -			
- 0	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		/4 (AND ADDRESS OF FA	S/25	Ball	0.	W a	
- 1)	1 4Mm	4-		James A. Morton & Sons 1701 Laurens St. Balto., Md. 21217						
\dashv	23. PART I. Enter the diseases, or o	complications that ca	used the death	h. Do not	enter the	Laures mode of dying, suc	ns St. h aa cardiac or i	Balto eapiratory a	rrest,	Md. 21217 Approximata	
	ahock, or heart failure. iMMEDIATE CAUSE (Final	List only one cause	on each line.							interval Between Onset and Death	
	disease or condition resulting in death)	a. Car	liva	Im	nd,	Ared					
		DUE TO (OR	AS A CONSEQUE	ENCE OF):		fred conce					
NO.	Sequentially list conditions,	b. DUE TO (OR	AS A CONSEQUE	ENCE OF:	ny	Cance				-	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	C.			U						
띨	that initiated eventa	DUE TO (OR	AS A CONSEQUE	EQUENCE OF):							
ER	readiting in death) Exist	d									
	PART II. Other algnificant condition	a contributing to dea	th but not rea	uiting In t	he underly	ring cause given in	Part I. 24a. WA	S AN AUTOPSY	241	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
DICAL							4	S 2 XNO		COMPLETION OF CAUSE OF DEATH?	
M	DID TORACCO LISE	CONTRIBUTE	TO CALIE	E 0E I	DEATH	VEC ET N		,		1 - YES 2 - NO	
NA I	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE	TO CAUS	E OF I		PLACE OF DEATH (Ch					
PHYSICIAN: M	EXAMINER?	HOSPITAL:	/Outpatient 3 🗆		THER:	lome 5 Residence		1			
훒	27. MANNER OF DEATH	28s. DATE OF INJI (Month, Day, Y	JRY 2	8b. TIME OF	F 28c.	INJURY AT WORK?	28d. DEŞCRIBE N		CCURED		
B	1 Natural 5 Pending 2 Accident investigation				M: 1 [YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	JURY — At homa (Specify)	, term, stree	rt, factory, o	ffice	281. LOCATION (Si City or Town,	reet and Numbe State)	er or Rural	Route Number,	
	29a. CERTIFIER	ICIAN-To the best of my		==:.01e9.11			99,00000000				
COMPLETED		CIAN:-To the best of my								(s) and manner se stated.	
ŭ L	29b. SIGNATURE AND TITLE OF CERTIFIE		_			29c. LICENSE NUI	17			D (Mopth, Day, Year)	
∞ ∥	Xlows	dan.)				D 33	472	▶ ,	3/2:	3/94	
٩	30. NAME AND ADDRESS OF PERSON WN	Completed cause of	F DEATH (ITEM 2			ND 21	201	-			
	31. DATE FILED (Month, Day, Year)	12. RECUSTRAR'S	SIGNATURE OF				<u></u>				
	CHUUNS AND	July a market	- PURCULA								



DIVISION OF VITAL RECORDS, P.O. BOX 68760

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AUG 24 1994

NESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

The Secretary Reported

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within exhours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per	be new within 72 hours aret bean with the State Dept. of retain and wernar hyperic prior to buriat, cremation, or removes. IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Pages 1, 2, 3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH 08-12-94 Robert Jackson #8:30 P 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS S. BIRTHPI ACE (State or Foreign 12.005" 213-16-3145 1 X M 2 - F 21 YRS. Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR Baltimore 1847 W. North Avenue RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c CITY TOWN OR LOCATION 10d. INSIDE CITY Baltimore MD. 1 XYES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21217 1847 W. North U.S. Avenue 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuben, Maxican, Puerto Rican, etc.) 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced Black Army COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Nurses Asst. 12th Veterans Hospital 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Margaret Robert Jackson Sr BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1847 W. North Avenue Balto., MD. 21217 Ella C. Mack 20a. METHOD OF DISPOSITION
1 □ Burlel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata 1 Donation 5 Other (Specify) Garrison Forest Vet. Cem. Owingsmills, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1721-27 N. Monroe ST Huta outho CFSP #281 E.L. Phillips F/HBalto., MD. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hasrt feliure. List only one ceusa on each lina interval Between IMMEDIATE CAUSE (Final Onset and Dasth disease or condition s. Metastatic Prostate Cancer
DUE TO (OR AS A CONSEQUENCE OF): reculting in death) CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL 1 YES 2 NO Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28b. TIME OF 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED 1 Natural М 1 YES 2 NO В 2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

DHMH-18 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

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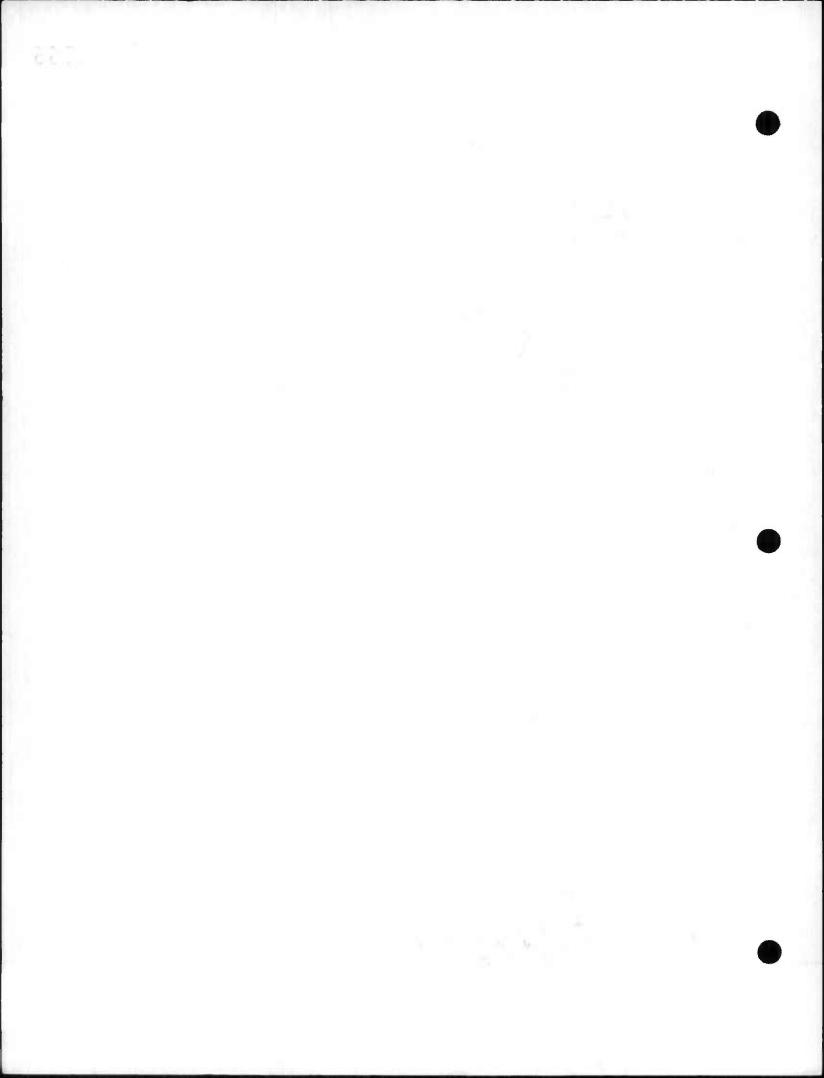
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🖛 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buniat-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last) Odessa B.	Johnson				2. DATE OF DEATH MONTH DATE 2		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5	In yrs. last birthday)	rs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				HPLACE (State or Foreign		
	215-12-4950	□ M 3/(3/F 82	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 7 16	12 Vir	try)	
	9e. FACILITY NAME (If not institution, give street	et and number)		96. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY OF		
S	911 Leadenhall	Street		Ba1	timore		N/A		
ធ្ល	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c, CITY.	TOWN OR LOCA	TION			10d. INSIDE CITY	
DIRECTOR	Maryland N/A		timor				LIMITS?		
	10s. STREET AND NUMBER			10	H. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?	
	911 Leadenhall	Street #3	306		21230		USA		
BY FUNERAL	1 Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, s		NIC ORIGIN? (Specify Yee in, Puerto Rican, etc.)	Blec	E — American Indien, ik, White, etc.	
	3 🖾 Widowed 4 🗌 Divorced							Diuch	
ETED	15. DECEDENT'S EDUCAT (Specify only highest grade co.	mpleted)	(Give kind of wo	dk done during m	ON ost of working	16b. KIND OF BUS			
	Elementary/Secondary (0-12) 9 Years	College (1-4 or 5+)	Cafeter		rker			y Public	
COMPL	17. FATHER'S NAME (First, Middle, Last)		our cocr	14 110		School:			
ш	James Benthol					nelia	,		
0	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town	n, State, Zip Code)	21216	
٦	Floretta Hill		3107		Street		ore, Ma	_	
	20e. METHOD OF DISPOSITION 1 Straight 2 Cremation 3 Remova	al trom State 20b.	PLACE AND DATE OF etery, crematory or oth	oisposition (A er place)	ame of	8/26.94 PK. Lai	CATION City or To	own, State	
	4 Donation 5 Other (Specify)	IMa	ryland	Natio	nal Mem				
	Dermy of	aris		1 2 2 2 2 2		3240		erstown Rd re,Md21215	
╗	23. PART I. Enter the diseases, or con	mplications that caused	the death. Do no					Approximete	
	shock, or heart fellura. List IMMEDIATE CAUSE (Finel	st only one cause on ea	ich line.					Interval Batween Onset and Death	
	disease or condition resulting in death) s.	CO DUE TO (OR AS A	RONAR Y	ART	ery D	SENSE			
_		55E 10 (01 A5 A	·	MATO		TIN TIN			
<u> </u>	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE OF)	;		MICHIS			
5	CAUSE (Disease or injury			Diabo	tes M	Pellitus			
RTIFICATION	thet initieted events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF)	:				i	
3 8	d							1	
¥	PART II. Other significent conditions	contributing to death be	ut not resulting in	the underlying	ng ceuse given in	Part i. 24a. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
						1 🗆 YES 2	NO	OF DEATH?	
PHYSICIAN: MEDIC	DID TOBACCO USE C	ONTRIBLITE TO	CALISE OF	DEATH	YES I NO			1 TES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL		G/100E G/		LACE OF DEATH (Ch				
200		IOSPITAL:		OTHER:	ne 5 Aeeldenca				
Ę	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HOW II	NJURY OCCURED		
2	1 Natural 5 Pending 2 Accident Investigation	(YES 2 NO				
COMPLETED	3 Suicida 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At homa, tarm, at	eet, fectory, offi	cm	28t. LOCATION (Street end Number or Rural Route Number, City or Town, State)			
P.E.	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	AN: To the best of my knowl	edge, death occurred	at the time, dat	e end placa, end due	to the cause(a) end men	mer ee stated,		
5	one) 2 MEOICAL EXAMINER:	On the baels of examination	end/or investigation	In my opinion,	death occured at the	time, date and place, en	d dua to the cause(e) end manner ea stated.	
<u>н</u>	296. SIGNATURE AND TITLE OF CERTIFIER	illian &	y		29c. LICENSE NUM	MBER 3125 6		(Month, Day, Year) - 24 - 94	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OE	ATH (ITEM 27) (Type, F						
	William L. YAY	3444	Wilkons	Pre	5-208	Baltimo	4, 10	21229	
	AUG 2 41994	32. REGISTRAR'S SIGN	andally						





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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe	TO THE

		1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALT CATE OF DEA		ITAL HYGIEN	E		
		1. DECEDENT'S NAME (First, Middle, Last) Lula	М.	Jones			DATE OF DEATH	1,1994	3. TIME OF OEATH 6:59 Pm	
Ω.		4. SOCIAL SECURITY NUMBER 212-28-1592			IF UNDER 1 YEAR IF UNIONTHS DAYS HOURS		DATE OF BIRTH Month, Day, Year) 3-10-3	Cou	THPLACE (State or Foreign intry) MD	
2, 3 should	TOR	9a. FACILITY NAME (If not institution, give st MD GENERAL HO			BALTO	ATION OF DEATH		9c. COUNTY OF	DEATH	
r. Pages 1,	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD			TOWN OR LOCATION			-	10d, INSIDE CITY LIMITS? 1 X YES 2 \(\square\) NO	
bunal-transit permit,	FUNERAL	10%. STREET AND NUMBER 25TH & BARCL	AY ST. AP	T 11 F	101. ZIP CC 21	218			WHAT COUNTRY?	
å	BY	11. MARITAL STATUS 1 Never Married 2 🔀 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D		13. WAS DECENDENT If you, specify Cu 1 YESX X N	ben, Maxican, Pu		Bi	CE — American Indian, sek, White, atc. ectly: BLACK	
ed for USe as	COMPLETED	15. DECEDENT'S EOUC (Specify only highest grade Elementary/Secondary (0-12) 12TH	CATION completed) College (1-4 or 5+)	18e. DECEOENT'S US (Give kind of wo life. Do NOT use UNKN	rk done during most of wo retired.)	rking	16b. KIND OF BUS	KNOWN		
once.	COM	17. FATHER'S NAME (First, Middle, Last)				OTHER'S NAME (F	First, Middle, Maiden			
o should be detached for notified at once.	BE	WILLIAM A. W. 196. INFORMANT'S NAME (Type/Print)	ILLIAMS	19b. MAILING A	ODRESS (Street and Num	NNIE	ALLEN	State Zin Codel		
page 5 should	٩	ERNEST JONES			WAKEFIE				1216	
mus.		20a, METHOD OF DISPOSITION **Description Method Comment Method Comment Method Me	oval from State 20	b. PLACE AND DATE OF MITY. COMEDITO N	DISPOSITION (Name of Place CEMETE	1	2694 LA	CATION — City or ANSDOWN		
e runetal director, I. examiner mus		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND ADD					
cal ex	-	23. PART i. Enter the diseases, or c	complications that cause	od the death. Do no	MARCH				ASH AVE	
mation, or removal.		shock, or haert feliure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	Septic S	each line.		-, ,	Caroliac of Toaph	anory arrest,	Approximata Interval Between Onset and Desth	
burial, crema	NO	Sequentially list conditions,	λ	A CONSEQUENCE OF):						
prior to buria	ICATI	If any, leeding to immediate cause, Enter UNDERLYING CAUSE (Disease or Inlury								
Mental Hygiene prior to burial, cremation, night, or other traumatic event, the	CERTIFICATION	thet initieted events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):						
Health and Iws any I	MEDICAL	PART N. Other significant condition Hepatitis C, Acute Renal F	Pancreati	titis, H	epatic F	e given in Part ailure	1. 248. WAS AN. PERFOR 1 □ YES 2	MED?	4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO	
Sept 23	PHYSICIAN:	DID TOBACCO USE C		CAUSE OF		NO C	nly one)			
the State	YSIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Department 2 ER/Out	patient 3 DOA 4	OTHER: Nursing Home 5	Realdence 6 -	Other (Specify)			
marked, or	ву Рн	27. MANNER OF GEATH 1. Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUR			. OEŞCRIBE HOW II	YJURY OCCUREO		
1	FED B	3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, atr sc/ly)	eet, tectory, office	261.	LOCATION (Street a City or Town, State)	and Number or Ruri	ni Route Number,	
7	COMPL	one) 2 MEDICAL EXAMINE	CIAN: To the best of my know						e(a) and manner as stated.	
De filed v	TO BE		rerowske		1.20 8	9224			ED (Month, Day, Year) 22-94	
		30. NAME AND ADDRESS OF PERSON WHO Tatiana Mou	ravskaia,	M.D. c/c		d Gene	eral Ho	spital		
		AUG 2 41994	32. REGISTRAR'S SIGN	MATURE						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the following	be med within 72 hours aret death with the State Dept, or health and wented hyperic prior to buring, or introduced in processing them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

1. DECEDENT'S NAME (First, Middle, Last) Nathan Kelly	KEL	LLYNATIAN						2. DATE	OF DEAT		YEAR 94	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 212-34-9985 223-98-9985 9a. FACILITY NAME (If not institution, give str	5. SEX 1 M 2 F	6. AGE (In yrs.	lest birthday) YRS.	IF UNDER	DAYS	IF UNDER HOURS	MIN.	7. DATE (Mont)	OF BIRTH	03	Bal	timore ma	
) was of	Rehab	CK.			R LOCATIO		EATH U			wy/		
10a. STATE 10b. COUNTY		10c. CI1	BAL								10d. INSIDE CITY LIMITS? 1 YES 2 \(\text{NO} \) NO		
100. STREET AND NUMBER 708 N.	CARROL	LTON	AVENU	JE	10f.	. ZIP CODI	217				ITE D	STATES	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2		11	yes, spe	ENDENT O	of HISPAN n, Mexice Specify	n, Puarto	Y? (Specify Rican, atc.	Yea or No—)	14. RAC Blac Spo	CE — American Indian, ck, White, etc.	
15, DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5		DECEOENT'S (Give kind of life. Do NOT u	work done done done retired.)	CUPATIO uring mos	ON st of workin	ng	KELLY & BROTHERS				HERS	
17. FATHER'S NAME (First, Middle, Last) WILLIAM KEL	LY									TP SON			
19a. INFORMANT'S NAME (Type/Print) EDYTHE HARV	ΕY		708	N .	(Street a	ROLL	or Rural I	AV	ËNUI	Town, State	ZIO COCO	IMORE, MD#17	
20g. WETHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	eval from State	from Stata 20b. PLACE OF DISPOSITION (Name of cometery, crematory ARBUTUS MEMORIAL						ARK 20c. LOCATION — City or Town, State			own, State , MD		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH 1101 E. NO													
Su 3	olla.	nd		W	Μ.	C. N	1ARC	H F				NORTH AV	
23. PART (. Enter the disease, pr c shock, or heart feilure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that let only one ceu.	ise on each i	ine.	W not enter	M .	C . N	MARC	H F	dlec or n	espiratory a		Approximate Interval Betwee Onaet and Deat	
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23. PART (. Enter the disease, pr c shock, or heart fellure. It immediates or condition resulting in death) Sequentially list conditions, if any, leading to immediate	omplications that lat only one cet. ADVA DUE TO	NCED	SEQUENCE C	W OF): OF):	M .	C . N	MARC	H F	dlec or n	espiratory a		Approximate interval Between	
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23. PART I. Enter the disease, or cahock, or heart fellure. In the disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions METAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	DUE TO DUE TO	Jee on each in the control of the co	ISEQUENCE CONSEQUENCE not enter to the unit of the	M . the moo	g cause (MAR Cling, euc	Part I. eck only or 28d. DE 28f. Loc City	24a. WAAL PEI 1 YE SCRIBE H CATION (St or Rown, S	SAN AUTOPS RFORMED? S 2 NO OW INJURY Of the sand Number and Number as a	Y 24 DOCCURED ber or Rural	Approximate Interval Betwee Onaet and Deat Onaet and Deat Onaet and Deat Onaet and Deat Onaet and Deat Onaet and Deat Onaet Onaet Onaet Onaet Onaet Onaet Onaet Onaet Onaet Onaet Onaet Onaet Onaet Onaet Onaet Onaet Onaet		

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS,

FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH 94 MARIE 8:30 GLADYS KOEPPER AUG AN 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 V F 213-09-8615 YRS September 11,1909 Maryland hours after death. Page 6 may be retained by the hospital or attending physician. and in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 96. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR GOOD SAMARITAN HOSPITAL BALTIMORE CITY N/A 10h COUNTY 10c. CITY, TOWN OR LOCATION 10e STATE 10d. INSIDE CITY Maryland N/A Baltimore 1 X YES 2 NO 10s. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 5610 York Road 21212 USA 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 NO IF YES, GIVE WAR OR OATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yee, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 XNO Specify: 1 Never Merried 2 Merried BY Specify: 3XX Widowed 4 ☐ Divorced White COMPLETED 15. DECEDENT'S EOUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done during life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Meat Packer Meat Packing 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) notified at Carey Sebree Florence Gettier BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary McCourt 911 Overbrook Road Baltimore, Maryland 21239 eg 20a, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must 2 Cremetton 3 Ram New Cathedral n S (Other (Specify) 8/26 Baltimore, Maryland MUNICIPAL DE PUBLICATION DE PORTO 22. NAME AND ADDRESS OF FACILITY
Mitchell-Wiedefeld Home examiner Dennis Stephen Xenakis M00640 6500 York Road Baltimore, Maryland 21212 medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, filled in by t shock, or heert failure. List only one cause on each line. interval Between Onset and Death **IMMEDIATE CAUSE (Finel** the disease or condition Hypertensive Arteriosclerotic Cardiovascular Disease completely resulting in death) other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) burial. CERTIFICATION and Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate ceuse, Enter UNDERLYING physician Drior CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events attending resulting in deeth) LAST 6 Mental 23 shows any injury, PART II. Other significent conditione contributing to deeth but not resulting in the underlying ceues given in Pert I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMEO? MEDICAL signed by t 1 YES 2 XNO OF DEATH? 1 YES 2 NO INOUIRY has been s Dept. of H PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 1 UNCERTAIN AMP | 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item | HOSPITAL OR ATTENDING PHYSICIAN: The certificate State HOSPITAL OTHER: 1 X YES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) the 0 27. MANNER OF DEATH 28e. OATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. OFSCRIBE HOW INJURY OCCURED is marked, with XXNatural 1 YES 2 NO Investigation ВУ death 2 Accident 28s. PLACE OF INJURY — At home, term, street, tactory, office building, atc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number City or Town, State) E 8 Could not be DURECTOR / 4 Homicide) THE FUNEBAL DURECTE Is filed with 72 hours at MPORTINITY IN THEM 29a. CERTIFIER t _ CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner ee stated. OMP *[*MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner se stated. 29b. SIGNATUJE AND TITLE OF CERTIFIER TO THE HE DO THE FL 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E. ▶ AUG 23,1994 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) THEODORE M.KING M.D. 111 Penn Street, Baltimore, Maryland 21201 32 REGISTRAR'S SIGNATURE 31. OATE FILED (Month, Day, Year) MING 24 1994

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ECORDS,	

STATE OF MARYLAND / DEPARTMENT OF HE/	ALTH AND	MENTAL	HYGIENE
CERTIFICATE OF D	DEATH		REG. NO.

		1 - FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Last)	Lawrence			2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 24 HRS.	8 32	94	0956 M
P		223-20-7804	1 - M 2 X F	YRS. MON	THS DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year)	3	HPLACE (State or Foreign
2, 3 should	TOR	9a. FACILITY NAME III not institution, give s NOTH WEST RESIDENCE OF DECEDENT	treet and number)	50,	GITY, TOWN OR LOCATION OF D	WN S	c. COUNTY OF E	PEATH
nit. Pages 1,	DIRECTOR	DAYAM 106. COUNTY		10c. CITY 7TO	WHORLOCATION Allimore			10d. INSIDE CITY LIMITS? 1 YES 2 NO
ın. ansit permit.	FUNERAL	3659Fores7	GANden	Ave.	21207	7	og. CITIZEN OF	WHAT COUNTRY?
Z15-UUZU attending physician. se as the burial-transit	B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN L FORCES? 1 Tyes IF YES, GIVE WAR OR DATI	2 NO	13. WAS DECENDENT OF HISPAL If yes, specify Cuban, Maxico 1 YES 2 NO Specifi	in, Puerto Rican, etc.)	No — 14. RAC Blac	E — American Indian, k, White, atc.
al or	PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		6a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	done during most of working	16b. KIND OF BUSINE	SS/INDUSTRY	
be det	E COMPL	17. FATHER'S NAME (First, Middle, Last)			IN. MOTHER'S NA	ME (Past, Middle, Maiden Surr	namely 0	m e e)
MAK retained 5 should notified	TO BE	to. INFORMANT'S NAME (Type/Print)	Tuesdel	19b. MAILING ADD	RESS (Street and Number or Rura)	Route Number, City of Tolvin, St	tate, Zip Gpde)	the thelana
page		20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation, 5 Other (Specify)	oval from State	LACE AND DATE OF DE	SPOSITION (Namy of	DATE 20c. LOCATI	ION & City or To	Or CASO) pwn, Stata
ath. Pag uneral dir aminer		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE C	410040	Sepher Se	136 CH	EXPL	Home
0 = 0		23. PARO 1. Enter the diseases, or o	J. Luce	ha death. De set	2222 W. No	Ath Ave. L	30/10	ma2126
d in I		shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cause on asc	h lina.	intar tha moda of dying, suc	n as cardiac or reapirate	ory srrest,	Approximate interval Batween Onset and Death
ted within completely fille completely fille ial, cremation, event, the		disease or condition resulting in death)	ACUTE DUE TO (OR AS A C	MYOCA ONSEQUENCE OF):	RDIAL 11	VFARCTI	ON	1 HOUR
be execucian and ior to bur	RTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury	C	ONSEQUENCE OF):	OTIC HEA	RT DISE	ASE	UNKNOUM
ending if Hygie	CERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):				
1 4 4 E	EDICAL O	PART II. Other significant condition	s contributing to death but	not resulting in th	a undarlying causa given in	Part I. 24a. WAS AN AUT PERFORMED 1 YES 2	D?	ABLE PRIOR TO CAUSE OF URAN TO CAUSE
law requires that is been signed begt. of Health are 23 shows any	Σ	DID TOBACCO USE (CONTRIBUTE TO C	AUSE OF D	EATH YES NO		`	1 FES 2 NO
The late has ate De ate De em 2		25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 VEB 2 NO	HOSPITAL: 1 Inpatient 2 ER/Output		26. PLAGE OF DEATH (Ch HER: Nursing Home 5 Residence			
PH state PH C	ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	Month, Day, Mary	28M TIME OF SNJUBY	M 1 YES 3 NO	and DESCRIBE HOW INJUR	PNOCCURED	1/1
H ATTENDING I	ETED E	3 Suicide 6 Could not be 4 Homicide determined	26s. A ACE OF INJUNY - building, eter Specify	At home, term, steet	, tectory, ottlet	City go Rown, State)	Milesber of Feures	Texas Autroac
HE STATE OF	OMIPLE				the time, data and placa, and due my opinion, death occured at the			a) and menner as stated.
THE BOOM	BE	290. SHOWLITURE AND THE OF CERTIFIES	at Mit	Callen	ting M.D.) I	MBER 20	d. DATE SIGNED	23/94
0=	5	30 MAME AND ADDRESS OF PERSON WH	TEWAR	T. M. D	2300 G	ARRISON	1 \$1	VD(2)2/6
		AUG 24 1994	L. Davidson Karls	Und.		111111111111		

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after death. Page 6 may be retained by the hospital or attending physician BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 94 YEAR 80 Samuel B. Maker Sr. 16 1;41 A.M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7 DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 03 05 DAYS HOURS MIN. 219-12-9597 1 🔀 M 2 🗌 F Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Bon Secours Hospital Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION
Baltimore 10d. INSIDE CITY LIMITS? 7 YES 2 NO MD. permit. 10e. STREET AND NUMBER FUNERAL 21216 10g. CITIZEN OF WHAT COUNTRY? burial-transit 1208 N. Bentalou Street U.S. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 NO IF YES, GIVE WAR OR DATES VAVY 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whita, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 TYES 2 NO Specify BY Specify: 3 Widowed 4 Divorced **Black** use as the ED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high E po Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 10th funeral director, page 5 should be detached Chauffer once. 17. FATHER'S NAME (First, Middle Last).
Samuel B. Maker 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ BE Elnora Hill notified 190 MAILING ADORESS (Street and Number or Rural Route Number, City or Jown, State, Zip Code, 1208 N. Bentalou Street Balto., MD. 19a. INFORMANT'S NAME (Type/Print) 9 21216 Alma D. Maker pe 20a, METHOD OF DISPOSITION

1 DABurial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must l DATE Garrison Forest Vet. 8/94 4 Donation 5 Other (Specify) Owingsmills. MD. the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1721-27 N.Monroe ST CFSP #281 outho secto E.L.Phillips F/HBalto.,MD. and completely filled in by the or removal. 23. PART I. Enter the disesses, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death cremation. diseese or condition event, reaulting in death) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO (OR AS A CONSEQUENCE OF): prior to burial, traumatic CERTIFICATION Sequentially list conditiona, DUE TO JOH AS A CONSEQUENCE OF If any, lesding to immediate the attending physician Mental Hydiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury Lucy or other QUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS has been signed by t Dept. of Health and AVAILABLE PRIOR TO raine shows any COMPLETION OF CAUSE OF DEATH? X VES Z 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) this certificate h Item HOSPITAL 1 TYES 2 XNO 1 Nanpatlant 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) of the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 NO L DIRECTOR: After the hours after death v ВҰ 2 - Accions 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 20 COMPLETED 8 Could not be 28 4 Homicide Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. THE HOSPITAL O THE FUNERAL DI filed within 72 ho TO THE HOSPITAL
TO THE FUNERAL I
Be filed within 72 h
IMPORTANT: If I (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, BE 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PEATH (IJEM 27) (Type, Print) 0

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TO THE HOSPITAL DEPOTED. The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIFFERD And the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours of the certificate has been signed by the attending physician and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: It imm 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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THE ISA	ment the certificate has b	the State Dept.
THE IST	American the certificate has b	the State Dept.
LINE IAM	Amm me certificate has b	death from the State Dept.
ALL STOCKSIN. LINE IAM	C Amer and certificate has b	in the State Dept. of Health and Mental Hygiene prior to burial, cremar

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
TRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Lest)	ENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY				γ	YEAR	3. TIME OF DEATN				
	STEPHEN 4. SOCIAL SECURITY NUMBER	E MIL	F //a /-	MAS	SEL IF UNDER 1 YEAR	SR.	Au	gust 20,19	94		10:35P M	
	218-03-7801	1 X M 2 🗆 F	E (In yrs. Ia 35	YRS. MONTHS DAYS HOURS MIN. (Month, Day, Hear) Lecember 9, 1908						8. BIRTHPLACE (State or Foreign Country) Maryland		
E E		9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 3complex Baltimore						NTY OF D	EATH			
DIRECTOR	RESIDENCE OF DECEDENT									I/A		
SIRE I	Maryland 106. COUNTY				Baltimo						10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	4/1				IOI. ZIP CODE			10g. CIT	IZEN OF V	1 X YES 2 NO	
FUNERAL	1651 East Belveden	e Avenue				21239				USA		
BY FU	11. MARITAL STATUS 1 Never Married 2 XX Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	S 2 📉		If yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 NO Spec	can, Pue		or No—	14. RACE Black Speci	E — American Indian, c, white, etc. ty: White	
9	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DI	ECEDENT'S U	SUAL OCCUPA	TION most of working		16b. KIND OF BUS	INESS/IN	DUSTRY	WIIICE	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life	o. Do NOT use Civer	retired.)			Maryland	Ctata	Dago	Typoko	
OM	17. FATNER'S NAME (First, Middle, Lest)		_ DI	1461		18. MOTNER'S N	AME (FI	rst, Middle, Maiden		race	11 acks	
BEC	George August Masel			_		Mary	Elia	zabeth Kni	ght			
<u>و</u>	19a. INFORMANT'S NAME (Type/Print)					t and Number or Rura				Code)		
	Stephen E. Masel Jr					ne Towson,	7		ZĮ. CATION —	Cleu or To	wn State	
	20a. METHOD OF DISPOSITION 1	20b. PLACE ANO OATE OF DISPOSITION (Name of cameter), crematory, or after place) Greenmount Cametery Baltimore										
	21. Standture of Fundade Berryte Lic	tenake	MOO	0640	22. NAME	AND ACCRESS OF F MITC OO YOYK ROS	chel.	l-Wiedefel	d Hom	e and 2	1212	
	23. PART I. Enter the diseases, or o shock, or heart failure.										Approximata Interval Between	
- 1	IMMEDIATE CAUSE (Final disease or condition										Onset and Daath	
	resulting in death)	a. Metasta			er						8 years	
z	Consumption that are distance	b										
ATIO	Sequantially list conditions, if any, laading to immediata cause. Entar UNDERLYING	OUE TO (OR A	S A CONSE	OUENCE OF):								
등	CAUSE (Disease or injury that initiated events	C. DUE TO (OR A	S A CONSE	OUENCE OF):							+	
CERTIFICATION	resulting in death) LAST	d										
AL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMEO? AMILABLE PRIOR TO											
								1 TYES 2			AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME	DID TOBACCO USE	CONTRIBUTE T	O CAI	IISE OE	DEATH	VEC ET A	10 L	_			1 YES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		O CA	031 01		PLACE OF DEATH (C		ly one)				
YSIC	EXAMINER? 1 YES 2 XNO	HOSPITAL: 1 Inpetient 2 ER/O	utpatient ;	3 🗆 DOA	OTHER: Nursing H	ome 5 🗆 Rasidenca	6 🗆 (Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJUR (Month, Day, Yes	ry r)	28b. TIME INJU	RY	NJURY AT VORK? YES 2 NO	26d.	DESCRIBE NOW I	NJURY OC	CURED		
	3 Suicide 8 Could not be determined	28s. PLACE OF INJU- building, etc. (S	IRY — At he pecify)	ome, farm, str	eet, factory, of	lica		LOCATION (Street a City or Town, State)	nd Numbe	r or Rural I	loute Number,	
COMPLETED	anel only	CIAN: To the best of my kn						* *) and manner as stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	is Cone		M	^	29c. LICENSE NU	UMBER				(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF	DEATN (ITE	EM 27) (Type, F	Print)	D-42129			A	ugust	21, 1994	
						Balt.imore	Mar	vland 212	12			
	William D. McCon	LA PRESENTANTA	PHILIPE	-1.4471		- wa valley Co		TAMIN EIG	1 feet			
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DIVISION OF VITAL	ATTEMPINE BUNCHER The last sensition that the death sensitions he senset that
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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)	mada	lesi	2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH			
	SOCIAL SECURITY NUMBER		F UNDER 1 YEAR F UNDER 24 HRS. DRITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Manth, Day, Year) -/2 -/9/6	8. BIRTHPLACE (State or Foreign Country)			
OR	9a. FACILITY NAME (If not institution, give street 28 W 27	st and number) 5 Reet	BALLEMOY		NTY OF DEATH			
DIRECTOR	PRESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c. CPTY, 1	TOWN OR LOCATION		10d. INSIDE CITY			
	MANUANO 100. STREET AND NUMBER	619	Timore	,	1 YES 2 NO			
FUNERAL	28 w 27 m	Streetants	307 21218	10g. CITE	IZEN OF WHAT COUNTRY?			
	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	If yes, specify Cuban Mexico		14 HAGE — American Indian, Black White, etc.			
D BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 TYES 2 MO Specific	iv:	11. S.H.			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)		k done during most of working	16b. KIND OF BUSINESS/IND	DUSTRY			
OMP	17. FATHER'S NAME (Fifst, Middle, Last)	Anal	MIOU)	ME (Few., Middle, Malden Surname)				
BE C	William	maden	MA	ry mado	en			
10	100: DEORMANT'S NAME (Typy/Prigh)	n marlen 2811	OORESS (Street begt Number of Flural	nghija numani. anyay nam, zaan. za TRDT: MN	2/1/8			
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remove	20b, PLACE AND DATE OF I cegliglesty, cremators of when		DATE 20c. LOCATION	City or Town State			
	21. ECONATURE OF FUNERAL SERVICE LICEN	Wester	22 NAME AND ADDRESS OF F	163 64/10 1	CP //N			
	Horesh 1	- Russ	DSeph Lik	forth Ave 1	Balt mlains			
	23. PART I. Enter the diseases, or con shock, or heart failure. Lis	mplications that ceused the death. Do not st only ona cause on each lina.	entar the moda of dying, aud	ch as cardiac or respiratory arr	Peat, Approximate Interval Between			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Renal Failure			Onset and Death			
z	-	DUE TO (OR AS A CONSEÓDENCE OF):			4042			
ATIO	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):			400			
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):			(0)/			
	PART II Other significant conditions	contributing to death but not resulting in		5 A. I.				
MEDICAL	Stroke, Dy	sphajia Consa	structure heart	Part I. 24a. WAS AN AUTOPSY PERFORMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
N.	DID TOBACCO USE CO	ONTRIBUTE TO CAUSE OF E	DEATH YES NO		1 TES 2 NO			
PHYSICIAN:			28. PLACE OF OEATH (C)					
энүѕ	1 U YES 2 NO 1 27. MANNER OF DEATH	Inpatient 2 ER/Outpatient 3 DOA 4		6 ☐ Other (Specify) 28d. DEŞCRIBE HOW INJURY OCC	CURED			
BY	1 Natural 5 Pending 2 Accident Investigation	28e. PLACE OF INJURY — At home, farm, stre	M 1 YES 2 NO					
TED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)	et, ractory, office	28t. LOCATION (Street and Number City or Town, State)	or Rural Route Number,			
COMPLETED		AN: To the best of my knowledge, death occurred on the bests of examination and/or investigation,						
BE C	296. SCHATURE AND TITLE OF CERTIFIER	1. 0	29c, LACEMSE NO		B BIGHED (Moven, Day, Ward)			
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF OBATH (ITEM 27) (Type, Pr	ing / dl = dl	8/ 18	123/91			
	Ethan Nubin	10211 S Doi	Held Rd	Olving Mill	15 Med 2117			
1 1	AUG 24 1994	321 HEGISTRAN'S KONDON	1					

27.3

3. TIME OF DEATH 7530 A. W

Md.21224

Approximata Interval Between Onset and Death

48 hrs

6 days

YEARS

BY FUNERAL DIRECTOR

BE COMPLETED

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shows any injury, or other traumatic event, the medical examiner must be notified at

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	DING	Afte	deat	Ë
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	PITA	ERA	in 72	E
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely mied in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or r	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the me
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	2	2	2	E

FOR STATE REGISTRAR	STATE DF MARYL		MENT OF H		MENTAL HYGIEN REG. NO		de
1. DECEDENT'S NAME (First, Middle, Las CONSTRUCTION) 4. SOCIAL SECURITY NUMBER	2	martin	1		8-2	2 - 94 2 - 94	1.30 K
233-03-4996 9a. FACILITY NAME (It not institution, give	1 M 2 D F	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1899 000	THPLACE (State or Foreigntry) T + A L Y
LORICA RESIDENCE OF DECEDENT	Nursing	1tone	B. CITY, TOWN	A / 1	MORE	9c. COUNTY OF	7/16. Ci
MARYLAND B	A/to. Count	Ly 10c. CITY,	TOWN OR LOCAT	14/mo	re Cou	enky	10d. INSIDE CITY LIMITS? 1 YES 2 NO
- 1/		evuc		2/2	37	u	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	if yes, sp		fiC ORIGIN? (Specify Yen, Puerto Rican, etc.) y:	Bi	CE — American Indian, ack, White, etc.
15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)		Ille. Do NΩΣ use	ork done during mo	at of working		SINESS/INDUSTRY	
17. FATHER'S WAME (First, Middle, Last)		MART	IN'	18. MOTHER'S NA	ME (First, Middle, Melder	Sumame)	TA
19a. INFORMANT'S NAME (Type/Print) ARY	1º Cocco	19b. MAILING /	ADDRESS (Street of	nd Number or Rural	Route Number, City or Tol	vn, State, Zip Code) VC BA	HO MX
20a. METHOD OF DISPOSITION 1	moval from Stata	other place of DISPOSI	LAWA	1 Cen	etere :	RA14	rore Me
21. SIGNATURE OF PUBLISHAL SERVICE	LICENSEE /	annin	303E	H N Z	ANNINO J ling St.	R. FUNI	ERAL HOME
23. PART I. Enter the diseases, of ahock, or heart failure IMMEDIATE CAUSE (Final	r complications that cause e. List only the cause on a	d the death. Do no	ot antar tha mo	da of dying, auc	h aa cardiac or reap	Diretory arrest,	Approximata Interval Betw Onset and D
disease or condition resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):				48 hr
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	ONIA CONSEQUENCE OF):				6 day
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A-LION A CONSEQUENCE OF	•				
a cerebrovascora accident						YEAT	
Anemia	Decubitis			abetes	DEDCO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
							1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 AO	HOSPITAL: 1 Inpetient 2 ER/Out	petient 3 🗆 DOA	OTHER:	ACE OF DEATH (CA	6 Other (Specify)		
27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c, IN	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCURED	

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 | YES 2 | NO

4 Homicide	determined	parang, and (openly)	City or row	n, State)
ane)			at the time, date and place, and due to the cause(s) in my opinion, death occured at the time, date and p	and manner as stated. place, and due to the cause(a) and manner as stated.
b. SIGNATURE AN	D TITLE OF CERTIFIER		29c, LICENSE NUMBER	29d DATE SIGNED (Month Day Year)

28c, INJURY AT WORK?
1 YES 2 NO

D39763

LETED CAUSE OF DEATH (ITEM 27) (Type, Print) TAnnenbaum m.D.

28e. PLACE DF INJURY — At home, farm, atreet, facto

Crossroads Drive 21

281. LOCATION (Street and Number or Rural Route Number,

AUG 2 41994

5 Pending

1 Netural

2 Accident

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TO THE HOSPITAL OF ACENDED. The law requires that the death certificate be executed with a flow of the found of the hospital or attending physician.

TO THE FUNERAL DIRECTOR AND CONTROL OF THE ACTIVITY OF THE ACTIVITY OF THE FUNERAL DIRECTOR, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after the market, or leath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or lifem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH		
		OEITHIOATE OF DEATH		REG. NO.
1. D	ECEDENT'S NAME (First, Middle, Last)		2 DATE O	E DEATH

	REGISTRAR CERT	TIFICATE OF	DEATH	REG. NO	i		
	1. DECEDENT'S NAME (First, Middle, Last) A D T I I I I D M M I I M C O M			2. DATE OF DEATH MONTH	MY YEAR		
	ARTHUR M. MUNSON			AUGUST 22,	1994	6:15PM M	
	,	rs. Trunder 1 Year Days	IF UNDER 24 HRS, HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year) AUGUST, 8,	1994	RTHPLACE (State or Foreign unity)	
OR	98. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL 96. COUNTY OF DEATH						
2	RESIDENCE OF DECEDENT 10e. STATE 10b, COUNTY 16c	: CITY, TOWN OR LOCA	TION			10d. INSIDE CITY	
- DIRECTOR	MD	BALTIMO	RE CITY	<u>'</u>		1 XX XES 2 NO	
FUNERAL	1336 TOWSON STREET	10	7. ZIP CODE 212	230		S . A .	
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 AND IF YES, GIVE WAR OR DATES	I1 yes, s	CENDENT OF HISPAN Hecity Cubsn, Maxica 3 2 00 NO Specify	HC ORIGIN? (Specify Yen, Puerto Rican, etc.)	В	ACE — American Indian, lack, Whita, etc.	
D BY	3 Widowed 4 Divorced					WHITE	
	(Specify only highest grade completed) (Give kin	NT'S USUAL OCCUPATI d of work done during m OT use retired.)	ON ost of working	16b, KIND OF BU	SINESS/INDUSTRY	Υ	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)						
Š	17, FATHER'S NAME (First, Middle, Last)	-	18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
BE	MICHAEL J. MUNSON		PATRI	CIA BURI	VS.		
5				Soute Number, City or Tox			
	PATRICIA JACKSON 133					MD 21230	
	1X1) eurial 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) GLEN HAVE	ATE OF DISPOSITION (N y or other place) N CEMETERY	ame of		RYLAND	,	
	21, SIGHATORE OF FURNIAL SERVICE LICENSEE		NO AGORESS OF FA	CUTY VENS FUNERAL ENUE, BALTIM	. INC.	01070	
\dashv	23. PART I. Enter the diseases, or complications that caused the death.	15UL	E. FORT AV	ENUE, BALTIM	IORE, MARY		
	anock, or heart failura. List only one cause on each line.	Do not entar the mi	oda or dying, auci	n as cardiac or resp	iretory arrest,	Approximate Interval Between Onset and Death	
	disease or condition resulting in dasth)					4 days	
İ	DUE TO (OR AS A CONSEQUENCE					0	
NOI	Sequentially list conditions, If any, leading to immediate our TO (OR AS A CONSCOUENCE OF): 103 Jays						
CERTIFICATION	CAUSE (Disesse or Injury	jasia				103 days	
Ē	resulting in death) LAST d. prolonged prenatal y		. wo - a law	anes		25 weeks	
	PART II. Other significant conditions contributing to death but not result						
EDICAL	PANT II. Othan significant conditions contributing to death but not reauti	ing in the undariyin	g causa given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ED				1 YES :	ANO	OF DEATH?	
Σ.	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH	YES II NO T	UNCERTAIN	<u>-</u>		1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF	DEATH (Check only one)	3 011021(174)				
YSIC	1 YES 2 NO HOSPITAL: 1 Jupatient 2 ER/Outpatient 3 DO	OTHER: A Nursing Hon	e 5 🗆 Residence	8 Other (Specify)			
	27. MANNER OF OEATH 28e. OATE OF INJURY (Month, Day, Year) 28b.	INJURY WO	URY AT ORK? YES 2 NO	28d. OEŞCRIBE HOW I	NJURY OCCURED		
BY	2 Accident investigation 3 Suicide 8 Could not be building set (Specific)			281. LOCATION (Street	and Number or Run	al Route Number,	
COMPLETED	4 Homicide determined			City or Town, Stete)			
AP.	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the beat of my knowledge, death oc						
S	one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation	gation, in my opinion, o	leath occured at the	time, data and place, an	id dua to the ceus	e(s) and manner as stated.	
BE (29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUM		29d. DATE SIGN	IED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Okuna Deineti	13760	22	8/2	2794	
	David M Local MD PhD Dept of Pediatrics.		oc Harait 1	Rolling	119 7	b2 m3	
	31. DATE FILED (Month) Day the July 32 REGILBAS RIGHTYME AUG 2 4 1994	H gan erroc	בייוקאטף פיי	DELTIMEDAS	my L	1200	
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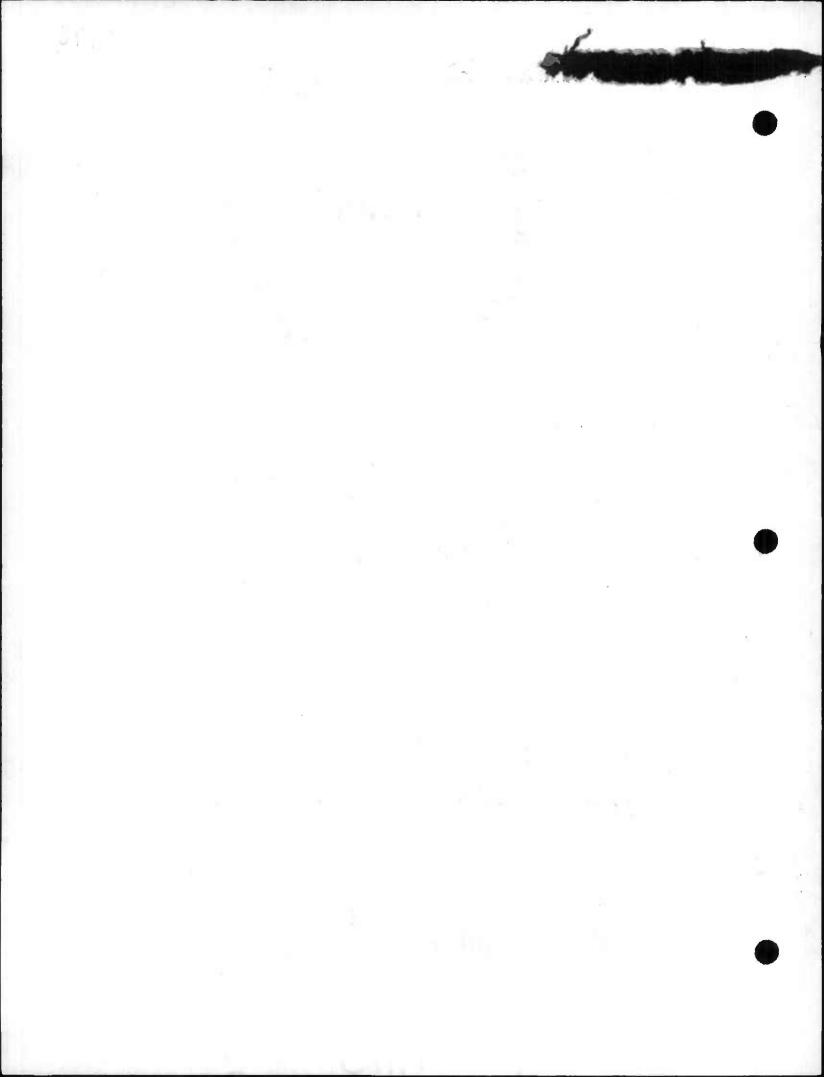
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hours after death. Page 6 may be	After the control has been signed by the attending physician and completely filled in by the funeral director page
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	me continue has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1		
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	COR. After th	after death with the State Dept. of Health and Mental Hygiene prior to burial, cre-	28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	TATE OF MARYLAND / D CEF	EPARTMENT OF H		MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) $SUSGNL$	may			2. DATE OF CEATH MONTH DAY	2 YEAR 3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 5. S	1/	YRS. FUNDER 1 YEAR MONTHS DAYE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	a. BIRTHPLACE (State or Foreign Country) Manuland				
OR	90. FACILITY NAME (If not institution, give street a University Hospi RESIDENCE OF DECEDENT		96. CITY, TOWN O	R LOCATION OF DEA		Baltimore				
DIRECTOR	100. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATI		_	10d. INSIDE CITY				
	Md. BALTI	More	Baltimo			1 TYES 2 X NO				
FUNERAL	100. STREET AND NUMBER 201 Lundale Ave		101.	21236	10	g. CITIZEN OF WHAT COUNTRY?				
NO.	11. MARITAL STATUS 12.	MAS DECEDENT EVER IN U.S. ARME FORCES? 1 1 YES 2 1 NO		NDENT OF HISPANI	C ORIGIN? (Specify Yes or	No — 14. RACE — American Indian, Black, White, etc.				
В		F YES, GIVE WAR OR DATES		2X NO Specify:		Specity: White				
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade compo	(Give	COENT'S USUAL OCCUPATIO kind of work done during mos to NOT use retired.)	N t of working	16b. KINO OF BUSINE					
MPLE	Elementary/Secondary (0-12) Col	Rege (1-4 or 5+)	count Mana	gen	Househo	old Bank				
	17. FATHER'S NAME (First, Middle, Last) Carroll Ackerman			•	AE (First, Middle, Maiden Sun					
BE	19e, INFORMANT'S NAME (Type/Print)		MAILING ADDRESS (Street or		Lou Rom					
2	Mr. Robert F. Ma	zy Sr. 20	Ol Lundale	Ave. 1	Balto Md	21236				
	20e. METHOD OF DISPOSITION 1 IX Burlel: 2 Cremation: 3 Removal f 4 Donetion: 5 Other (Specify)	rom State cametery, crema	D DATE OF DISPOSITION (Nat atory or other place)	ne of		ION — City or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	Garde	52 NAME AN	ADDRESS OF FAC	HITV	to., Md.				
	Joan D. X	mill	Hantl 7527	ey Mill Harlord	len tuneno d Rd. Balt	L Home Eo., Md. 21234				
	23. PART I. Enter the diseases, or comp shock, or heart failure. List of	ilcations that caused the deatlonly one cause on each line.	h. Do not anter the moo	la of dying, such	aa cardiac or respirate	ory arrest, Approximate interval Between				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Arrhyth DUE TO (OR AS A CONSEQUI	ymiq se	condar	y to sele	Croderne				
z	- Scleroderma									
ATIO	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUE	ENCE OF):							
IFIC	CAUSE (Disease or injury that initiated avents	DUE TO (OR AS A CONSEQUE	ENCE OF):							
CERTIFICATION	reauiting in death) LAST									
A	PART II. Other aignificant conditions con	ntributing to death but not rea	uiting in the underlying	cause givan in F	Part I. 24a. WAS AN AUT					
EDIC					1 YES 2	NO COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN: MEDIC	DID TOBACCO USE CON	NTRIBUTE TO CAUSE	OF DEATH Y	S I NO		1 WES 2 NO				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:		ACE OF DEATH (Che	ck only one)					
IXSI		Thostient 2 - ER/Outpetient 3 -		5 🗆 Residence 8						
	Netural 5 Pending	(Month, Day, Year)	28b. TIME OF 28c. INJURY WOI		28d. DEŞCRIBE HOW INJU	RY OCCURED				
COMPLETED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home building, etc. (Specify)	, ferm, street, fectory, office		28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
PLE		To the best of my knowledge, death	n occurred at the time, date	end place, end due t	to the cause(s) end menner	es stated.				
SO		the besis of examination end/or investigation	estigation, in my opinion, de	ath occured at the t	lime, date and place, and de	to the ceuse(s) end menner es stated.				
TO BE		teen Mila	/	29c. LICENSE NUM	BER 25	ed. DATE SIGNED (Month, Day, Year)				
	Niteen Milak, Me	225 Gre	27) (Type, Print) 201) St. Ur	iv. Hosp	ot. Balt.	MD 21202				
	AUG 2 41994 Juli	32. REGISTRAR'S SIGNATURE								



YEAR

9c. COUNTY OF DEATH

0 :05 AM

94

3. TIME OF DEATH

B. BIRTHPLACE (State or Foreign

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A ATTENDING PHYSICIAN: The law requires that the death certificate be execu-	DIN CTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use as the t
	OURS after death. PAYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending p

1 - FOR STATE REGISTRAR

CHARLES

29a. CERTIFIER

30 NAME AND ADD

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29h, SIGNATURE AND TITLE OF CERTIF

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MAYOSO.

1. DECEDENT'S NAME (First, Middle, Last)

NICHOLSON 18 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 1 XM 2 - F YRS. 70 216-16-4843 Aug 4. 1924 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street 9b. CITY TOWN OR LOCATION OF DEATH DIRECTOR NORTH ARUNDEL HOSPITAL ASSOCIATION RESIDENCE OF DECEMENT GLEN BURNTE 10b. COUNTY 10c CITY TOWN OR LOCATION Maryland Anne Arundel Severn permit. FUNERAL 10a. STREET AND NUMBER 101, ZIP CODE urial-transit 8215 Pioneer Circle 21144 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS If yes, specify Cuben, Maxican, Puerto Rican, atc.) 1 Never Married 2 X Married 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced World War TT COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) High School Food Service Supervisor once. 17. FATHER'S NAME (First, Middle, Last) To James Emmitt Nicholson BE notified 19a. INFORMANT'S NAME (Type/Print) 2 Ethel C. Nicholson 8215 Pioneer Drive must be 20a. METHOD OF DISPOSITION
1 X Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 4 Donation 5 Other (Specify). Saints Rest Cemetery examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE atter Herber 3 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or heart failure. List only one cause on each lina 0 IMMEDIATE CAUSE (Final the the cremation disease or condition resulting in death) traumatic event, burial, CERTIFICATION Sequentially list conditions, 5 DUP TO JOR ALL A SEQUENICE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initisted events reaulting in death) LAST 10 Mental Injury. PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL signed by the shows any PHYSICIAN: Dept. has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL State OTHER: 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA me 5 🗆 Rasidenca 8 🗆 Other (Specify) 6 the 27. MANNED OF DEATH 28s. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF this (marked, INJURY 1 Natural 54 1 YES 2 NO BY death 2 Accident After 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28 18 ETED TOR: 4 Homicide

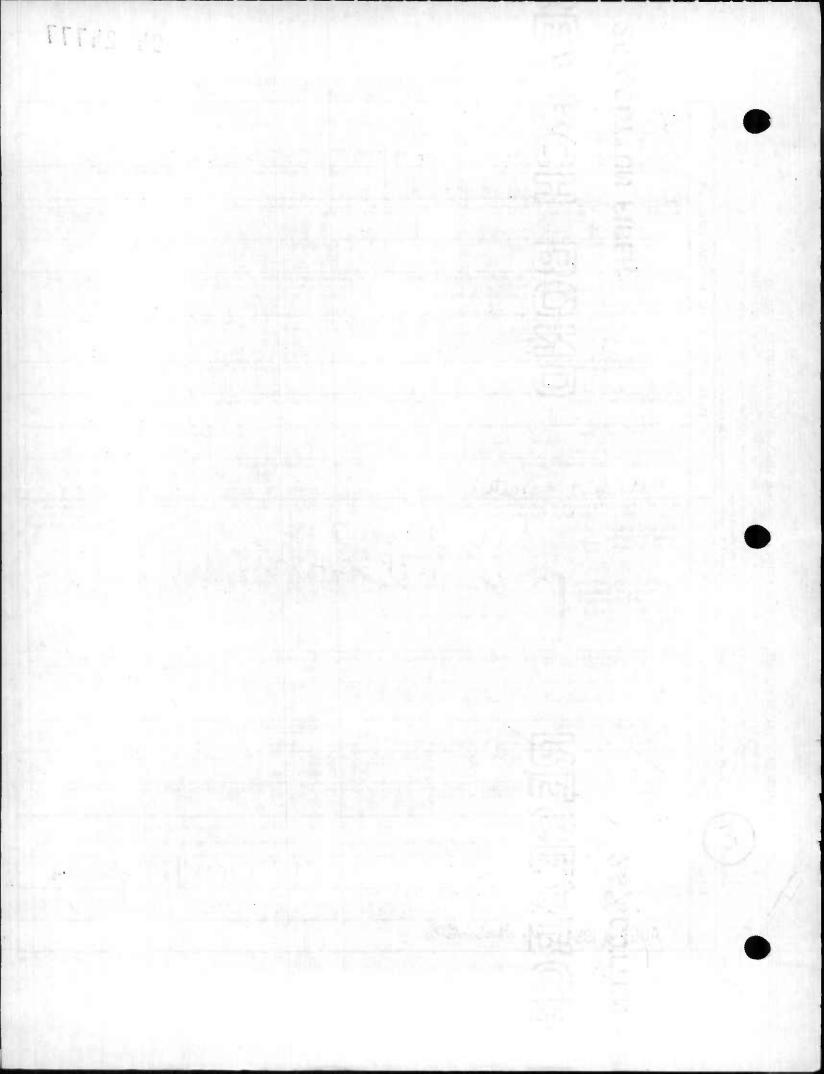
22. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

COUNTY 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. Bl.ack 16b. KIND OF BUSINESS/INDUSTRY U.S. Government Kimbrough Hospital 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Cora B. Williams 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) Severn, Maryland 21144 20c. LOCATION — City or Town, Stata 18/26 Anne Arundel Co, MD 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc 2501 Gwynns Falls parkway Baltimore, Maryland 21216 Approximate Onset and Deeth WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 24a. WAS AN AUTOPSY PERFORMED? COMPLETION OF CAUSE 1 TES 2 NO OF GEATH? 1 YES 2 NO 284. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the beals of axamination and/or investigation, in my opinion, death occured at the time ne, data and place, and due to the cause(a) and manner as stated 5 2 10 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M.D./273-F PENINSULA FARM RD/ARNOLD, MD 21012 **OHMH-18 Rev 1/89**

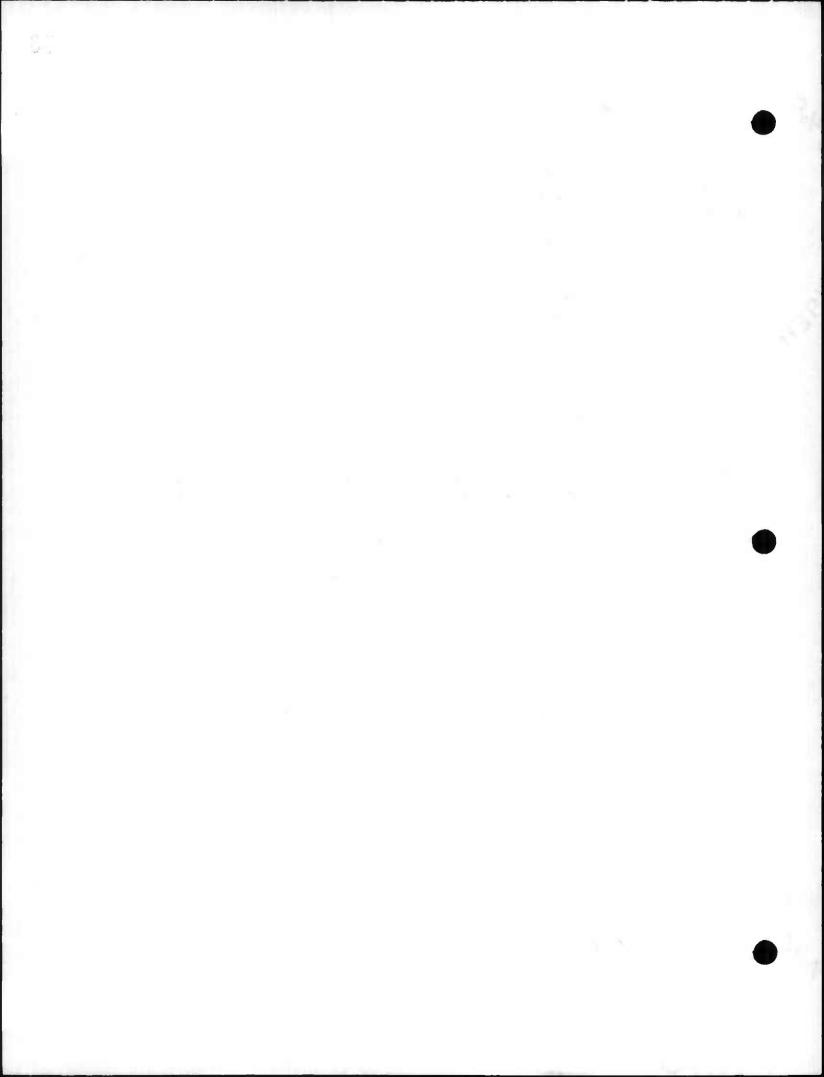
REG. NO

2. DATE OF DEATH



BALLIMORE, MARTLAND ZIZIS-0020	SICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	, or removal.	s medical examiner must be notified at once.	
CIVISION OF WITHE RECORDS, F.O. BOX 68760	TO THE MOSPITURE MEDICAL PHYSICIAN: The law requires that the death certificate be executed with	TO THE PURE ALCOHECTOR When this certificate has been signed by the attending physician and completely f	be not writing it is reall with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT Willem 28 y marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND / I	DEPARTMENT (MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	Paul Addison Pi	iper			August 2		
	4. SOCIAL SECURITY NUMBER 5. SE		//	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		TTHPLACE (State or Foreign untry)
	212 03 4001	M 2 🗆 F 88	YRS.		July 4, 1		linois
œ	9e. FACILITY NAME (If not institution, give street en			OWN OR LOCATION OF DI	EATH	9c. COUNTY O	
DIRECTOR	Greater Baltimore Me	edical Center	Towso	n		Baltim	ore
띭	10e. STATE 10b. COUNTY		10c. CITY, TOWN OR	OCATION			10d. INSIDE CITY LIMITS?
	Maryland Baltimon	re	Towson				1 YES 2 NO
3AL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	513 Wilton Road			21286			States
	1 Never Married 2 X Married FC	WAS DECEDENT EVER IN U.S. ARM ORCES? 1 YES 2 NO) It y	DECENDENT OF HISPAI	in, Puerto Rican, etc.)	or No- 14, R.	ACE — Americen Indian, lack, White, etc.
B	3 Widowed 4 Divorced	YES, GIVE WAR OR DATES	1	YES 2 X NO Specif	y:	Sį	White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple		EDENT'S USUAL OCCI	JPATION	16b. KIND OF BU	SINESS/INDUSTR	
9		ege (1-4 or 5+)	Do NOT use retired.)	ng most of working			
MP		5+ Engi	ineer		Aeronau		
8	17. FATHER'S NAME (First, Middle, Last) Harold Oliver Piper			100000000000000000000000000000000000000	ME (First, Middle, Meiden	Surneme)	
B	19a. INFORMANT'S NAME (Type/Print)	19b.	MAILING ADDRESS (S	Essie A		n Stein Zin Code	
2	Pauline Gibson Piper			Road Balti			
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Removal fro	20b. PLACEAN	ND DATE OF DISPOSITION		-	CATION - City of	
	4 Donetion 5 Other (Specify)	Greenn	etory or other place) Ount Crem		8/24/94 Bal	timore,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	to Real Stat		me and address of fa chell-Wied		Tnc	
	John G. Reitz	(MOOSON) V	650	O York Roa	d Baltimore	e. Marvi	land 21212
	23. PART I. Entar the diseases, occumpli shock, or heart fallure. List or	icetions that ceused the dae	th. Do not enter th	e mode of dying, suc	h es cerdiac or reepi	ratory srrest,	Approximete Interval Between
	IMMEDIATE CALICE (E11		20:- 2:	. 0	11 011-		Onset and Daath
	disease or condition resulting in dasth)	Pubable St Due to (OR AS A CONSEQUE Peripheral	DB12 7	o to ce	11 whits		
_	_	Perohea 0	JENCE OF):	Oas To	1500-0		
5	Sequentially list conditions, if sny, lasting to immediate	DUE TO OR AS A CONSEQU			200		
S	CAUSE (Disease or injury						
TE	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEOU	JENCE OF):				
CERTIFICATION	d						
AL	PART II. Other algolificant conditions conf	tributing to death but not re-	aulting in the unda	riying cause givan in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DIC					1 _ YES 2		COMPLETION OF CAUSE OF DEATH?
ME							1 YES 2 NO
PHYSICIAN: MEDIC	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL	NTRIBUTE TO CAUS					
Ö	EXAMINER? HOS	SPITAL:	OTHER:	26. PLACE OF DEATH (Ch			
HYS		Inpatient 2 ER/Outpatient 3 E 28e. DATE OF INJURY		Home 5 Residence	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURED	
ВУ Р	Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?			
0 8	3 Suicide 6 Could not be	28e. PLACE OF INJURY — At hom- building, atc. (Specify)	e, term, street, tectory	, office	28t. LOCATION (Street City or Town, Stete)	end Number or Rui	al Route Number,
Æ	4 Homicide detarmined				Only or rown, state)		
COMPLETED		To the best of my knowledge, deat					
SO.	one) 2 MEDICAL EXAMINER: On t	the basis of examination and/or im	vestigation, in my opin	ion, desth occured at the	time, date end place, en	d due to the caus	e(e) end manner ae stated.
BE (29b. SIGNATORE AND TITLE OF CERTIFIER			29c. LICENSE NUI		29d. DATE SIGN	IED (Month, Day, Year)
P	MY 2- WI)		D371.	53	Augus	st 24, 1994
	Donna Dow, M.D. 630	N. Charles S		timore Me	rwland 212	212	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	rreer na	chiore, No	путани 414	14	
	AUG 24 1994	, alknower nation					



		1 - STATE REGISTRAR	STATE OF MA			RTMENT OF			MENTA	L HYGIENI REG. NO.	E		
	1	1. DECEDENT'S NAME (First, Middle, Lest)	-		77					OF DEATH	Yo 10	YEAR 3.	TIME OF DEATH
		ROSEMARY 4. SOCIAL SECURITY NUMBER	B. 5. SEX 8	AGE (In vo	R(OGERS		IF UNDER 24 HRS.		UST 1			3:30 A M
	- 1	212-56-4326	1 M 2 V F	o. Ade (mr yr.	42 YRS.			HOURS MIN.	(Mont	0. Day, Year) 25, 19		Country)	ACE (State or Foreign
3 should	1	9e. FACILITY NAME (If not institution, give s	street and number)		12	96. CITY, TO	WN OR	LOCATION OF DE		23, 13	9c. COUNT		yland "
2, 3 s	OB	3000 WAYNE AVI	ENUE			BALT	IMC	ORE					
les 1.	DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	Y		10c. CIT	Y, TOWN OR LO	OCATIO	IN .				10	od. INSIDE CITY
permit. Pages 1,	DIR	Maryland				Balti	imo:	re					LIMITS?
berm	3AL	10e. STREET AND NUMBER					10f. Z	IP CODE			10g. CITIZE		T COUNTRY?
020 physician. burial-transit	FUNERAL	3017 Oak Hill Av						21207			US		
020 ohysici ourial-i		11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT	YES 2	™ NO	If yes	s, speci	IDENT OF HISPAN Ify Cuben, Mexica	n, Puerto	l? (Specify Yes Rican, etc.)	or No- 1	Black, W	Americen Indian, White, atc.
o at	ВУ	3 X Widowed 4 Divorced	IF YES, GIVE WAI	H OR DATES	j	1 1 -	YES 2	NO Specify	<i>y</i> :			Specify:	Bl.ack
	윤	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	164	(Give kind of s	USUAL OCCUP	PATION a most	of working	16b	. KIND OF BUS	INESS/INDUS	STRY	23.401
ğ 5 N	LET	Elementary/Secondery (0-12)	College (1-4 or 5+)		life. Do NOT us	se retired.)						*	
AND the hospit detached once.	COMPL	12th Grade 17. FATHER'S NAME (First, Middle, Last)			Seit	employ		IS. MOTHER'S NAI	_	ABC Day		Cen	ter
\$ 6 5 K	Ŭ U	Lewis Woods						Mary (Middle, Malden (Surneme)		
MARYLAND retained by the hospit should be detached notified at once.	TO BI	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Str	reet end	Number or Rural F		ber, City or Town	, State, Zip C	ode)	
	ř	Paul Sessomes				Oak Hil				altimor			nd 21207
TORE, e 6 may be rector, page must be r		20s METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Rem	oval from State	cemetery	y, cremetory or o				DAT		ATION — Cit		
Page 6 direc		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			Memoria	31. F	Park	8/2	23 Ba1	timor	e Co	unty, MD
BALTIMORE, after death. Page 6 may be by the funeral director, page smoal.		MY Roll	NA			[250]	I GV	wynns Fa	al.L£	Parkwa	łγ	l Ho	mes, Inc,
BA after d by the 1 moval.		23. PART i. Enter the disesses, Dr o	complications that	Causad the	deeth Do (Bal.t	timo	ore, Man	ry1.ar	nd 212	216		
hours or re		shock, or heart fallure. iMMEDIATE CAUSE (Final	List only one cause	a Dn aach	lina.	IOC BIRGS II.	IIIDas	or dynig, soci	l as care	нас от георп	atory arres	t,	Approximate interval Between Onset and Death
ely fill nation,			INTRA	CF	2-30	ic Ho	HE	DRAWAG	7.65				Onset and Death
760 ed within ompleteh il, crema event,		resulting in death)			NSEQUENCE OF			1 14	10				
68 ecut and c	ON	Sequentially list conditions,	b										
DX be e	AT	if sny, lesding to immediate cause. Entar UNDERLYING	טו פטט	IR AS A CO	NSEQUENCE OF	ን:							
phy phy ne p	IFIC	CAUSE (Disease or injury that initiated events	c. DUE TO (O	R AS A CON	NSEQUENCE DE	F):							
beath certificate Hygien Py. or other	CERTIFICATION	resulting in death) LAST	d										<u> </u>
S, e dea he at Menti jury,	CAL C	PART ii. Other significant condition	s contributing to de	eath but n	ot resulting	in the underl	lying c	auae given in i	Part I.	24a. WAS AN /	UTOPSY	1 24b. WE	RE AUTOPSY FINDINGS
<u> </u>	S	CIRCHOSIS D								PERFORI		CO	AILABLE PRIOR TO IMPLETION OF CAUSE
Sign Sign Sign Sign Sign Sign Sign Sign	MEDI												DEATH?
		DID TOBACCO USE CONTI	RIBUTE TO CAU	SE OF D	EATH YE	S 🗆 NO		UNCERTAIN	10				
一年 書 書	SIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:							
OF VIT, HYSICIAN: The certificate arm the State arm, or item	PHYSICIAN:	1 X YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 E		H 3 □ DOA		Home :	5 Residence		(Specify) BO			HOME
日本		1 Natural 5 Pending	(Month, Day,		INJ	URY	WORK	2 NO	200. DE3	CRIBE HOW IN	JUNY OCCUI	HED	
9/1	D BY	2 Accident Investigation 3 Suicide 8 Could not be	26e. PLACE OF I	INJURY — A	it home, ferm, s	street, fectory, c	office		281. LOC	ATION (Street or	nd Number or	Rural Route	number,
		4 Homicide determined		or (apoony)					City	or Town, State)			
المُؤْدِّ ة	P		CIAN: To the best of my										
COSPITE UNERA Ithin 7 WMT: I	COMPL	2 MEDICAL EXAMINE	R: Dn the beels of exen	mination end	l/or investigation	n, in my opinio	in, deatl	h occured at the	lime, date	end place, end	due to the o	euse(s) en	d menner es stated.
TO THE HOSPITAL TO THE FUNESAL De fled within 72 IMPORTANT: II	BE (296 SIGNATURE AND TITLE OF CERNIFIER	· W. 12	,			25	9c. LICENSE NUM			29d. DATE S	IGNED (Mo	onth, Day, Year)
2 5 2 Z	2	30 NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH	OTEM OT /E	D-(-1)	\perp	O.C.N	7.E.		AUG	051	19,1994
		MARCONIAD D.	KORBU A				eet	t, Balt	timo	re, M	aryl	and	21201
	Ì	31. AATE FILED (Mooring Care Visor)	92. REGISTRAR	SIGNATUR	IE .								

. . TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriable filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR			CTATE	OF	MARY	AND	,	DE
Trems	067,	g-/14,	8-24-	94	, per	r.H.	9	ar

	1 - STATE STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
· S	1. DECEDENT'S NAME (First, Middle, Lest) PAUL ROUNDEL ROSE SF. 2. DATE OF DEATH MONTH DAY GENERAL OLGO M	4							
i	4. SOCIAL SECURITY NUMBER 215-09-0763 5. SEX 1 M 2 F 6. AGE (In yrs. lest birthdey) 1 F UNDER 1 YEAR 1 F UNDER 24 HRS. 1 DAYS 1 DAYS 1 DAYS 1 MONTHS 1 DAYS 1 DAYS 1 DAYS 1 MONTHS 1 DAYS 1 MONTHS 1 DAYS 1 MONTHS 1 DAYS 1 MONTHS								
-OR	20. FACILITY NAME (If not institution, give etreet end number), LORIEN NSG+CONV. HOME So. CITY, TOWN OR LOCATION OF DEATH COLUMBIA NG HOWARD								
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY	-							
	MARYLAND n/a BALTIMORE 1½ YES 2 □ NO	_							
FUNEHAL	100. STREET AND NUMBER 5900 BELLEGROVE ROAD 101. ZIP CODE 21225 UNITED STATES								
BY FU	11. MARITAL STATUS 1 Martinal Status 1 Never Merried 2 Merried 5 Merried 5 Merried 5 Merried 5 Merried 6 Merried								
COMPLETED'BY	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) \[\begin{pmatrix} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
	17. FATHER'S NAME (First, Middle, Last) ROSE 18. MOTHER'S NAME (First, Middle, Maiden Surpame) ROSE 18. MOTHER'S NAME (First, Middle, Maiden Surpame) ROSE								
TO BE	199. INFORMANT'S NAME (Type/Print) SARAH HOUSTON 190. MAILING AGORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 309 CHERRYLANE RD., GLEN BURNIE, MD21060								
	20a, METHOD OF DISPOSITION Y. ABurlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of CROWNSVILLE, MD)								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE LOW J. Blolland 22. NAME AND ADDRESS OF FACILITY WM. C. March Th 1101 E. NORTHAVI	E							
CERTIFICATION	23. PART i. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Approximate interval Between Onset and Death DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
ICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PEN YOU VOICULAR AULANC. 1 YES 2 NO 246. WAS AN AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
AN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL 25. WAS CASE REFERRED TO MEDICAL 26. BLACE OF DEATH (Check poly one)	_							
SICI	25. WAS CASE HEFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 25. PLACE OF DEATH (Check only one) 26. PLACE OF DEATH (Check only one) 27. PLACE OF DEATH (Check only one) 4. Mussing Nome 5 Residence 6 Other (Specify)	1							
Y PHYSICIAN: MED	27. MANNER OF OENTH 280. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 VES 2 NO	1							
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, fectory, office City or Town, Stete)								
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner ee stated.	1							
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER Nutrue Welseliletur 531575 29d. DATE SIGNED (Month, Day, Your) \$\int \text{3}\frac{1575}{4\frac{194794}{4}}\$								
	SO. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (THEM 27) (TYPO, PTIM) KOLODRUBETZ 9501 Old Annapolis Rd Ellicott City MSD	1							
	31. DATE FILEO Apply Doubles 100 A 32. RESISTRAR'S SIGNATURE.	┨							

SE SE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria		
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<u>Pita</u>	De De		
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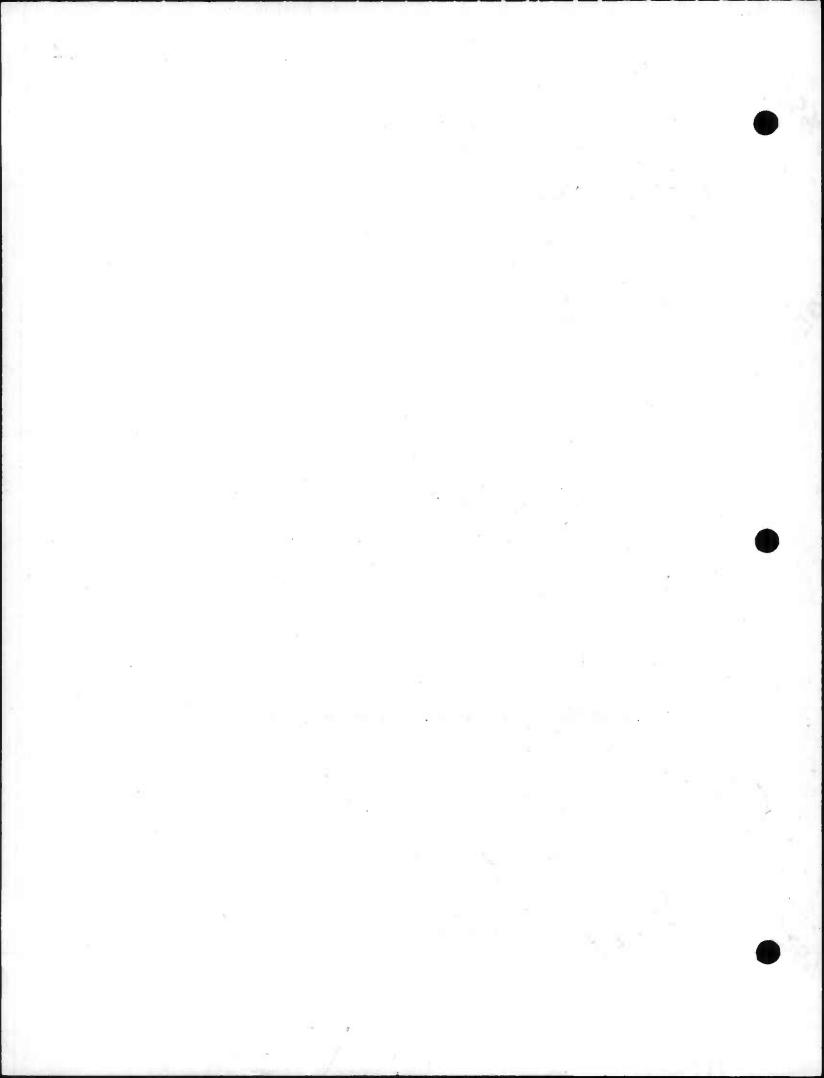
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		100 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year)		Wawia			
~	90. FACILITY NAME (If not insutunion, give street and number)	1 / 12		OR LOCATION OF DE	EATH	9c. COUNTY				
DIRECTOR	RESIDENCE OF DECEDENT	V-H-	501 W.F	canklin	n-balt.Gt	5	na			
JEC	10e. STATE 10b. COUNTY	10c. C[]	TY_TOWN OR LOCAT	TION	- 1 -		10d. INSIDE CITY			
	MD		Balti		City	1	LIMITS?			
.¥E	100. STREET AND NUMBER			. ZIP CODE			OF WHAT COUNTRY?			
FUNERAL	501 W. Franklin St		C- 1	21201	1	U	SA			
J.	11. MARITAL STATUS 1 Never Merried 2 Merried FORCES? 1 Y	ES 2 NO	13. WAS DECI	ENDENT OF HISPAN	NIC ORIGIN? (Specify Ye	s or No- 14.	RACE — American Indian, Black, White, etc.			
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8	15. DECEDENT'S EDUCATION	16a. DECEDENT'S	S USUAL OCCUPATIO	ON	16b. KIND OF BU	ISINESS/INDUST	av av			
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8	17. FATHER'S NAME (First, Middle, Last)			18. MOTNER'S NA	ME (First, Middle, Malden	Surname)				
BE	Thomas Lomax			Susan						
2	190. INFORMANT'S NAME (Type/Print) Hertbert Robinson S				Route Number, City or Tow					
	a Menual of Control		olphine S							
	105 11 105	20b. PLACE AND DATE of cometery, crematory or of the cometery.	OF DISPOSITION (Nar other place)	me of	DATE 20c. LO	OCATION — City	or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ronald	Wade.Dir	22. NAME AN	D ADDRESS OF FAC	CUTY State	Anaton	my Board			
	Sandare All bull.	,			re St,Balt	Allacon	ly board			
	23 PART I Enter the diseases or complications that cau	and the death De-								
	23. PART I. Entar the diseases, or complications that caushock, or heart failure. List only one cause or	n aach iina.	not anter the mod	da of dying, suct	h aa cardiac or reap	iratory arrest,	Approximate Interval Between			
	IMMEDIATE CAUSE (Final disease or condition page libro in desire)	·hr.	Diagon	*			Onset and Death			
	resorting in death)	AS A CONSEQUENCE OF	FI:	monia	2 '					
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일	in any, reading to infinediata	S A CONSEQUENCE OF	F):							
2	CAUSE. Enter UNDERLYING CAUSE (Disease or Injury	Dyspho	rgia							
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CAL	PART II. Other algnificant conditions contributing to deat				Part I, 24e. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS			
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Σ	¥.						1 YES 2 NO			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLA	ACE OF DEATH (Che	ock only one)					
₹	1 YES 2 NO 1 Inpatient 2 ER/O 27. MANNER OF DEATN 280 DATE OF IN HIS		4 Nursing Nome		6 Other (Specify)					
PHY	1 Natural 5 Pending (Month, Day, Yea		JURY WOR	RK?	28d. DESCRIBE NOW I	NJURY OCCURE	D			
BY	Accident Investigation 3 Suicide & Could set be 28e. PLACE OF INJU	URY — At home, farm, a		ES 2 NO	THE ENGINEER (Climate)					
TED	4 Homicide determined building, atc. (S	specify)	street, rectory, ornes		28f. LOCATION (Street e City or Town, State)	and Number or mu	iral Route Number,			
LET	29e. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the beet of my kn	and death occurs	t -s at - at a data a							
COMPL	(Check only one) 2 MEDICAL EXAMINER: On the beele of examina	ation end/or investigation	on, in my opinion, de	and place, end due to	to the cause(e) end mer time, date end place, en	mer as stated.	ender and manner as stated			
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM						
) BE	In Vasainthakum	an Mi	1	7 425		29d. DATE SIGN	NED (Month, Day, Year)			
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATN (ITEM 27) (Type,				0	1211			
	M. VASANTHA-KUN	1 Ar	821, A	J. EUTHU	2 ST. Su	1-407	MD21201			
	31. DATE FILED (Month, Day Year)	GNATURE								

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BALTIMORE, MARYLAND 21215-0020	TITION PROSICIAN: The law requires that the death certificate be executed within rours after death. Page 6 may be retained by the hospital or attending physicia	. HETION Alternates that been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	f	Affer
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	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF	RTMENT OF	EALTH AND	MENTA	L HYGIEN	Ε		
	1. DECEDENT'S NAME (First, Middle, Last)	_					2. DATE	OF OEATH	NY.	YEAR	3. TIME OF OEATH
- 3	Zelma	E.			dall				6,1		4:35 A M
- 8	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont)	OF BIRTN		8. BIRTHE	PLACE (State or Foreign
	214-20-5623	1 M 2 F	75	YRS.				11-191	9	Couper	D
OR	96. FACILITY NAME Maryland General Hospital 96. CITY, TOWN OR LOCATION OF DEATH BALTO 96. COUNTY OF DEATH BALTO								ATN		
딦	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY				10c, CITY, TOWN OR LOCATION						
L DIRECTOR	MD 10e. STREET AND NUMBER			BALTO				XX YE			10d, INSIDE CITY LIMITS? XX YES 2 NO
FUNERAL	1303 IDYLWOOD RD			101. ZIP CODE 21208				10g. CIT		S.A.	
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 M Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. ARI □ YES 2X N MAR OR DATES	MED IO	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 (2) NO Specify: 12. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No— If yes, specify, Cuben, Maxican, Puerto Rican, etc.) Specify: BLACK						
COMPLETED	(Specify only highest grade completed) (Give kii Elementery/Secondary (0-12) College (1-4 or 5 +)			Do NOT us	DENT'S USUAL OCCUPATION ind of work done during most of working NOT use retired.) KNOWN			DUSTRY			
BE COM	17. FATNER'S NAME (First, Middle, Last) ARCHIE FOF	REST				18. MOTHER'S N. EDN	AME (First, I	Middle, Maiden HAWK	Sumame)		
TO B	196. INFORMANT'S NAME (Type/Print) Ralph A. Forrest, Sr 196. MAILING ADDRESS (Street and Number Cythurs/Proprie Number, City or Town, State, Zip Code) 1601 E. Eager Street Balto, Md 21205										
	20a. METNOD OF DISPOSITION 1 N Burlet 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Committee of Com										
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME A	ND ADDRESS OF F	ACILITY				
1	> 40 1					h F/H We					
	23 PART I. Enter the diseases or o	omplications the	t coursed the de	eth Dor	43	00 Waba	sh A	venue	Bal	to. M	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mods of dying, such as cardiac or respiratory arrest, ehock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or As A consequence of):										
RTIFICATION	Sequentially list conditions, If any, leading to immediats cause. Enter UNDERLYING										
ш	CAUSE (Disease or injury that Initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST d.										
LC	PART II. Other significant condition	s contributing to	desth but not n	esuiting	in the underlyin	g csuse given in	Part I.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL	10					-10000000		PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
입							_	1 🗌 YES 2	□ Jdyo		DF DEATN?
	DID TOBACCO USE C	ONTRIBUTE	TO CAUS	E OF	DEATH Y	FS I NO					1 PES 2 NO
A	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
S	EXAMINER? X 1 - YES 2 - NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	ne 5 🗆 Residence					
PHYSICIAN:	27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF (Month, D	INJURY	28b. TIM	E OF 28c. IN	HURY AT ORK?	T	CRIBE NOW II	NJURY OC	CURED	
red BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE O building,	OF INJURY — At hor atc. (Specify)	me, ferm, i			28f. LOC City	ATION (Street a or Town, State)	and Numbe	r or Rural Ro	oute Number,
	29e. CERTIFIER				Y 1	200		_			
COMPLET	(Check only one) 2 MEDICAL EXAMINE										end menner ee stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	1				29c. LICENSE NU 8921	MBER		29d. DAT	E SIGNED	Month, Day, Year)
0 8	M. K. See					8921	.3			8-16	-94
10	30. NAME AND ADDRESS OF PERSON WIN	aseem,	SE OF DEATH (ITEM M.D. C/	O M	arylan	d Gener	al F	lospit	al		
	AUG 24 1994	S2 REGISTRA	ALLON LONG	ul,							



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21215-0020

STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

128-24-8242

31. DATE FILED (Month, Day, Year) AUG 2 41994

t. DECEDENT'S NAME (First, Middle, Last)

STANLEY RODONIS

XX M 2 □ F

1 -

OF VITAL RECORDS, VISION

Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) Maryland General Hospt. DIRECTOR Baltimore RESIDENCE OF DECEDENT 10b. COUNTY tOc. CITY, TOWN OR LOCATION Md. Baltimore permit. FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 303 W. Madison Ave use as the burial-transit 21202 attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 4Q IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Never Married 2 Married If yea, specify Giban, Maxican, Puarto Rican, atc.) T YES 2 NO Specify: B 3 Widowed 4 Divorced ETED t5. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specifi al or μõ Elementary/Secondary (0-12) College (1-4 or 5+) COMPL detached 8th 17. FATHER'S NAME (First, Middle, Last)
Unk. Unk. once. 18. MOTHER'S NAME (First, Middle, Maiden Surname) Unk. 2 Ħ BE should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 Teresa Cutting 861 Park Ave.Baltimore, Md. 21201 pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must director, Donation 5 Other (Specify) Cem. 8-22-94 examiner 21. SIGNATURE OF FUNERAL SARVICE LICENSEE 638 N. Gilmor St. 21217 the medical 23. FART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory arrest, 3 ahock, or heart fallure. List only one cause on each line ŏ filled IMMEDIATE CAUSE (Final npletely filler cremation, the disease or condition _____ ANOXIC ENCEPHALOPATHY event, DUE TO (OR AS A CONSEQUENCE OF): and con burial, u ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE traumatic CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): 9 if any, leading to immediate cause. Enter UNDERLYING requires that the death certificate be seen signed by the attending physician of Health and Mental Hygiene prior to CAUSE (Disease or Injury DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST 0 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL any shows a been ! PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | has b. Dept. WB 23 25. WAS CASE REFERRED TO MEDICAL The 28. PLACE DF DEATH (Check only one) certificate h item **EXAMINER?** OTHER:
4 \subseteq Nursing Home 5 \subseteq Residence 6 \subseteq Other (Specify) T YES XXNO PHISICIAN: Mipatient 2 ER/Outpatient 3 DOA 6 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME DF 28c. INJURY AT WORK? H F 1 Natural 5 Pending М t YES 2 ND BY Investigation 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER
(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPILE TO THE FUNER DE filed within 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE M. blove, M.D 221 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MARIA FLORES M.D. c/o MARYLAND GENERAL HOSPITAL

132. REGISTRAND SIGNATURE

jalia

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

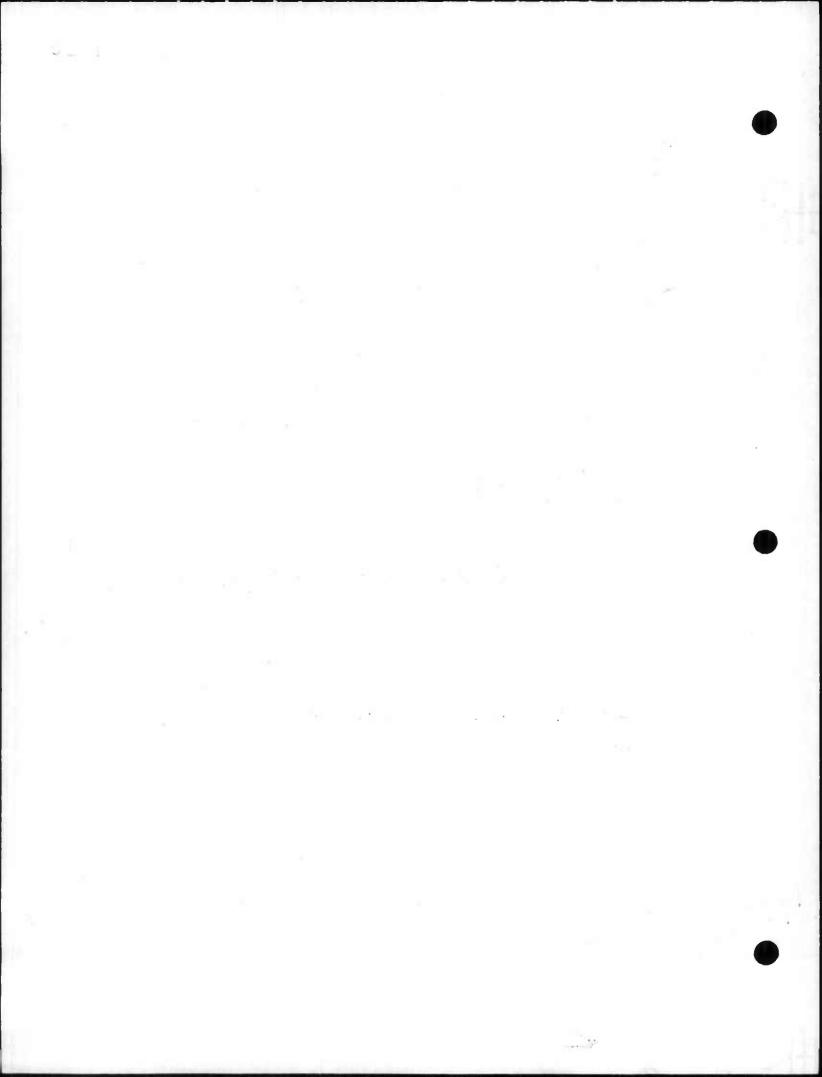
IF UNDER 24 HRS.

8. AGE (In yrs. last birthday)

68

YRS.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 2. DATE OF DEATH 3. TIME OF DEATH ĂÜĞUST[™] 1594 5:50Am 19 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign 4-9-26 Unk 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH 10d. INSIDE CITY TXTYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, atc. Spec#y.White 16b. KIND OF BUSINESS/INDUSTRY 20c. LOCATION — City or Town, State Lansdowne, Md. Albert P. Wylie F/HPA Approximate Interval Between **Onset and Death** 33 DAYS 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS **AMILABLE PRIOR TO** COMPLETION OF CAUSE 1 1 YES 2 | NO OF DEATH? 1 XYES 2 | NO 28d. DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year)

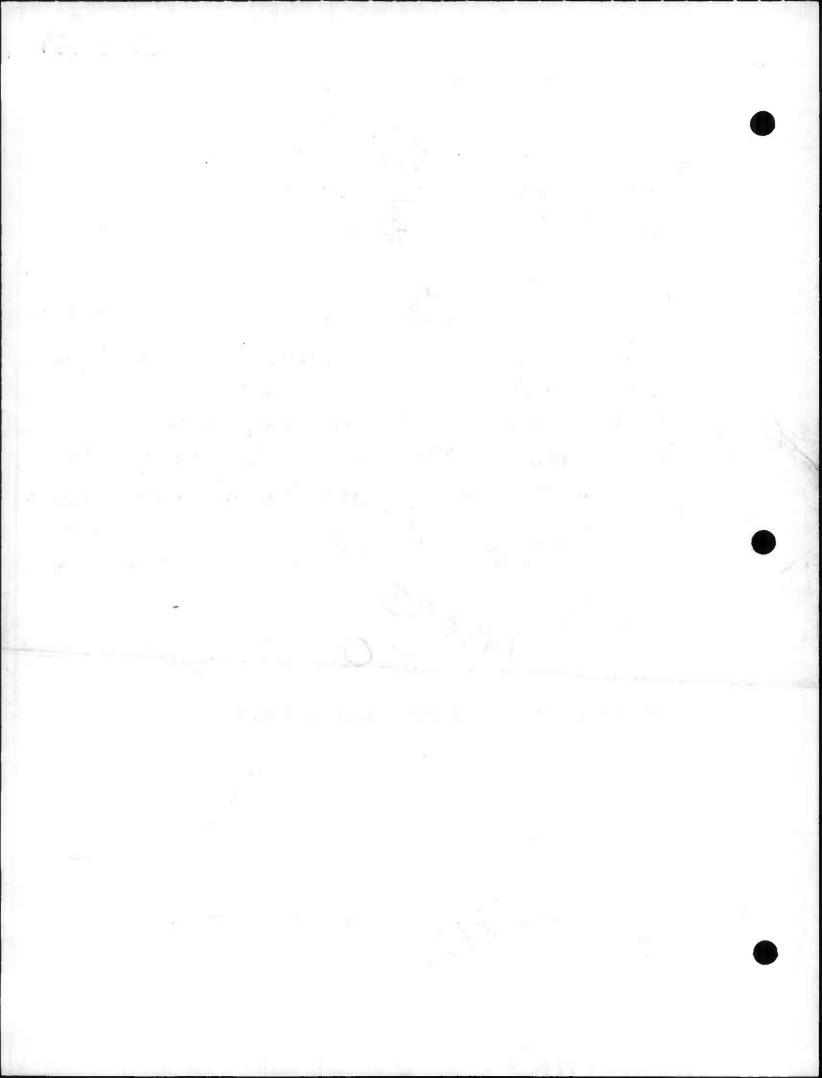


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MOSPITAL OR ATTRENDING PHYSICIAN: The law requires that the death certificate be executed with. Hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1: 2. 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.
IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF HEAD			IENE . NO.					
	t. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEA	тн		OF DEATN			
	William		Sawy	er		монтн .Т111 ч		994 10	:59P M			
	4. SOCIAL SECURITY NUMBER 218-03-1187	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR IF 1 MONTHS DAYS HOL	7. DATE OF BIRTY (Month, Day, Ye	er)	D. BIRTHPLACE (SI Country)	ate or Foreign				
OR	MD GENERA	CILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF SATO										
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10d. INSIDE CITY								
L DIRECTOR	10e STREET AND NUMBER		B	Y, TOWN OF LOCATION				1 YES	TS? 8 2 NO			
FUNERAL	2911 MT HO	lly ST.		10f, ZIP	21217 US							
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	ever Merried 2 Married FORCES? 1 YES 2 NO If yes, specific						ENDENT OF HISPANIC ORIGIN? (Specify Yea or No— city Cuben, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify:				
	15. DECEDENT'S EDUCA (Specify only highest grade co		(Give kind of	USUAL OCCUPATION work done during most of	working	16b. KIND 0	F BUSINESS/INDU	STRY	rcc			
COMPLETED	Elementary(Secondary (0-12) College (1-4 or 5+) CONSTRUCTION CONSTRU							uction	h			
BE CO	17. FATHER'S NAME (First, Middle, Last)	MOTHER'S NAM	AE (First, Middle, M	laiden Surname)	7							
5	Lois Hutchi	NS	19b, MAILING	ADDRESS (Street and No.	imber or Rural Ri	1 Ave	BATT	D MD				
	20s. METHOD OF DISPOSITION t Burlel 2 Cremetlon 3 Remov. 4 Donation 5 Other (Specify)	al from State con		OF DISPOSITION (Name of other place)	oten	DATE 20	RATTO	ty or Town, State	7			
	21. IGNATURE OF FUNERAL SERVICE LICEN	De Real	7	22. NAME AND AC	DORESS OF FAC	PON!	00/10	721	1. Pos			
-	23. PART I. Enter the diseases, or co	mplicetions that ceuse	d the deeth. Do	not enter the mode o	f dying, such	as cardiec or	respiratory erres		proximate			
	shock, or heart failure. List IMMEDIATE CAUSE (Final	st only ona cause on a	ach lina.						erval Between			
	disease or condition								set and Dasth			
		Dissemin	nated C	arcinomat	cosis			1				
	disease or condition resulting in death)		nated C		cosis			1	nknown			
NC	resulting in death) a.	DUE TO (OR AS A	A CONSEQUENCE O	F):	cosis			1				
ATION	resulting in death) a. Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A		F):	cosis			1				
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CERTIFICATION	sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	DUE TO (OR AS A	A CONSEQUENCE O	F): F):				1				
A	resulting in death) a. Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE O	F): F):		PI	S AN AUTOPSY RFORMED?	24b. WERE AUT AWAILABLI	nknown			
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3. TIME OF DEATH

6:04

10d. INSIDE CITY

1 YES 2 | NO

Approximata Interval Between

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Onset and Death

8. BIRTHPLACE (State or Foreign

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Pages 1, 2, 3 should

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funeral director, page 5 should

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cremation, the

event,

traumatic

Injury, or other

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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resulting in death) LAST

27. MANNER OF DEATH

5 Pending

6 Could not be determined

investigation

1 Natural

2 Accident

3 Suicide

4 Homicide

29a. CERTIFIER

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מיי פו או אב וובספוום, ויט. מסא מפונים	DING PHYSICIAN: The law requires that the death certificate be executed within
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 2. DATE OF DEATH 8-20-94 MONTH 1. DECEDENT'S NAME (First, Middle, Last) Peter Juniou Somerville HIOU OMERVIL LE Aug 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH -52-084 45 46 12 M 2 F 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Union Memorial Hospital Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Culpan, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) b W. FATHER'S NAME (First, Middle, Last) 200-PLACE AND DATE OF DISPOSITION (Name DATE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sepsis DUE TO (OR AS A CONSEQUENCE OF): Premaria Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING AIDS CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events

PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. VDA + CTOH slowed Chronic 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMPAER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:

28e. DATE OF INJURY (Month, Day, Year)

HIVE

21/24 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO 1 YES 2 THO

281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)

COMPLETION DF CAUSE 1 YES 2 NO

4 Nursing Home 6 Residence 6 Other (Specify)

28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

1 (CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER

28s. PLACE OF INJURY — Al home, farm, street, factory, office building, stc. (Specify)

28b. TIME OF

AT2438946/08015

29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Union Hemorical

31. DATE FILED (Month, Day, Year) M. RECOSTRAR SOIGNATURE AUG 24 1994

DHMH-16 Rev 1/89

TARREST AND LOSS OF THE

MORE, MARYLAND 21215-0020

0, BALTIMORE, MARYLAND 21215-0020	INIG PHYSICIAN: The law requires that the death certificate be executed within 2x yours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Date of Booth and Marriel Unique principle or promote a completely filled in the State Date of Booth and Marriel Unique principle or promote or
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L REC(aw require	s been s
TAL REC	N: The law require	crate has been si
OF VITAL RECO	PYSICIAN: The law require	his certificate has been signed by the attending physician and completely filled in by the
ON OF VITAL REC	CD.	
VISION OF VITAL RECO	CD.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	CD.	
DIVISION OF VITAL RECO	THE HOSPITAL OR ATTENDING PHYSICIAN: The law require	TO THE FUNERAL DIRECTOR: After this certificate has been signed with the Costs Done of the

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH 8-20-9	4 3. TIME OF DEATH							
		8-20-19	94 8.15 Am							
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 1 M 2 F 77 S YRS MONTHS DAYS HOURS MIN.	(I to set Do. Mars)	8. BIRTHPLACE (State or Foreign Country) OLUMBIAS.							
_	9a FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF	DEATH 9c. COUN	TY OF DEATH							
DIRECTOR	GROSVENOR HEALTH CARE CENTER BETHES	DA MON	TGOMERY							
REC	100. STATES H. D.C. 10b. COUNTY 10c. CITY, TOWN OR LOCATION	D.C.	10d. INSIDE CITY LIMITS?							
	Mary King Washington 100. STREET AND NUMBER	/	1 TYES 2 NO							
FUNERAL	10. STREET AND NUMBER 101. ZIP CODE 101. ZIP CODE	10g. CITIZ	EN OF WHAT COUNTRY?							
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISP		14. RACE — American Indian,							
BY F	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Mexi 3 Widowed 4 Divorced FORCES? 1 YES 2 NO Specify Cuben, Mexi 1 YES 2 NO Specify Cub		Black, White, etc. Specify:							
0	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Specific only highest graphs completed)	16b. KIND OF BUSINESS/INDU	ISTRY							
巨	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) (Give kind of work done during most of working life. Do NOT use retired.)									
COMPL	17. FATHER'S NAME (First, Middle, Last)	NAME (First, Middle, Maiden Surname)								
٠ ا ا	is. worner a r	NAME (PISt, MIDDIE, MEIDEN SUTTEME)								
TO BE	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rura	al Route Number, City or Town, State, Zip	Code)							
De 12										
150	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State cemetary, crematory or other place)	OATE 20c. LOCATION - C	Ity or Town, State							
ner n	4 Donation 5 Dother (Specify) STATE (Smiller) 21. SIGNATURE OF F) NERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY CTATE And Com									
E 2	Jonand Makes \$22/94 655 W. Baltimore St. Balto, mod 2120									
ent, the medical examiner must	23. ART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, so shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) BUE/TO (OR AS A CONSEQUENCE OR):	mesuned)	Approximate interval Between Onset and Death							
other traumatic event, TIFICATION	string disorder		1 Am a							
	Sequentially list conditions, if sny, leeding to immediate b. Due TO OR AS A CONSEQUENCE OF):									
	CAUSE (Disease or injury									
or other traumatic	that initiated events resulting in death) LAST									
S U	PART ii. Other algorificant conditions contributing to death but not resulting in the underlying cause given i	in Part I. 24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS							
을 일	sychon's / religentino	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE							
shows a	Parkinson's dis.	1 TYES 2 NO	OF DEATH?							
N S										
YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:	Check only one)								
5 >	1	8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCI	IRED							
ZE IS Marked, TED BY PH	1 Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO									
ED E	3 Suicide 8 Could not be 4 Homicide determined	281. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,							
ЕЩ	A. CENTURE									
COMPL	(Check only one) 2 MEDICAL EXAMINER: On the bast of my knowledge, death occurred at the time, date end piece, and drawn one) 2 MEDICAL EXAMINER: On the bast of examination and/or investigation, in my opinion, death occurred at the time.									
D BE COME	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NI	UMBER 29d. DATE	SIGNED (Month, Day, Year)							
TO B	David A. Wass 1023	911	8/20/94							
=	David A Colass up 9410 Old Georgetour Rd	911 Dethesda, Md.	208/4							
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32. REGISTRAR'S SIGNATURE

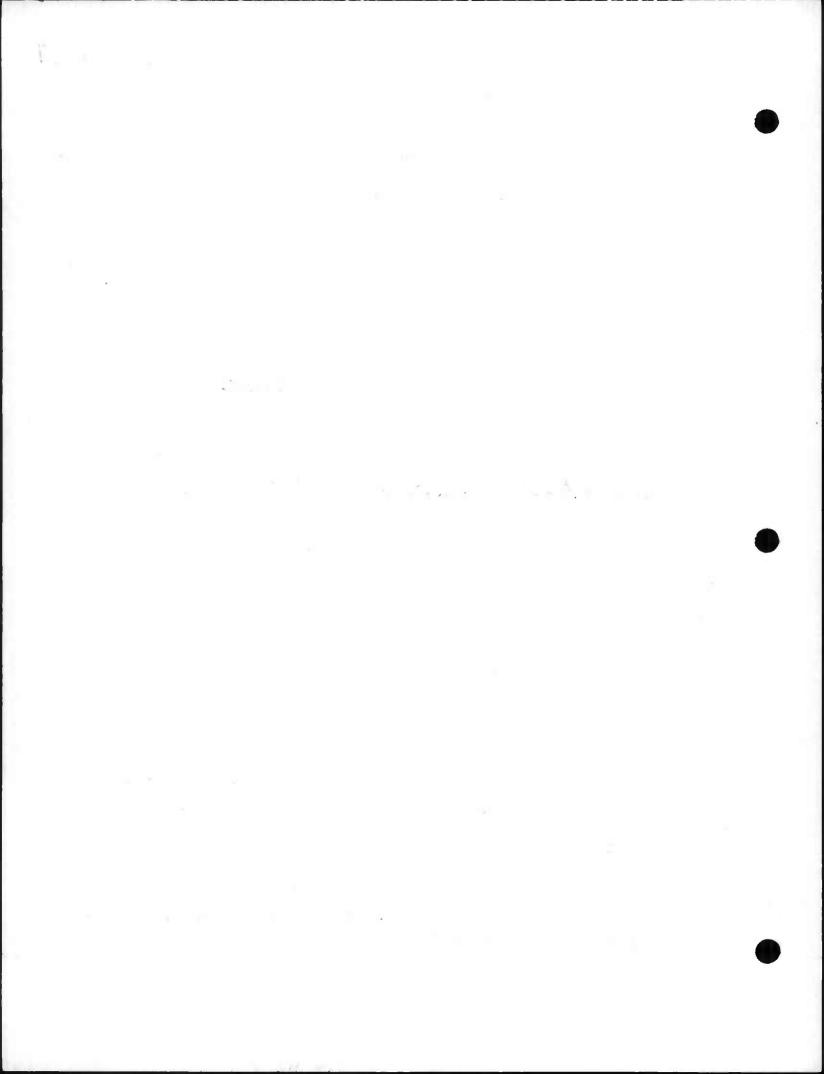
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR MAMTE LOIS SCRUGGS AUG 94 6:29 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7, DATE OF BIRTH (Month. Day, Year IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS MIN. 1 M 2 . YRS. 218-76-7485 08-07-17 VIRGINIA Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR JOHNS HOPKINS HOSPITAL NONE BALTIMORE CITY 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND NONE BALTIMORE CITY permit. 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 947 N. DURHAM STREET use as the bunal-transit 21205 UNITED STATES Page 6 may be retained by the hospital or attending physician. If director, page 5 should be detached for use as the bunal-trans. 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 1 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yae or NoIf yee, specify Cuban, Maxican, Puerto Rican, etc.) tt. MARITAL STATUS 14. RACE — American Indian, Black, While, atc. 1 Never Married 2 Married 1 YES 2 NO Specify: BΥ AFRICAN AMERICAN 3 Widowed 4 Divorced ED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade 삨 Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 5TH NONE COOK RESTAURANT 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) unk notified at ELLIS SCRUGGS BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2120 2 ELOISE SCRUGGS 947 N. DURHAM STREET BALTO, MARYLAND pe 20e, METHOD OF DISPOSITION

A Seuriel 2 Cremation 3 Ramoval from State
4 Donation 5 Other (Specify) 20c. LOCATION - City or Town, Stata 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must emetery, crematory or other place)
MT. ZION CEMETERY 8-24-94 BALTO, MD. examiner 22. NAME AND ADDRESS OF FACILITY the funeral C after death. CALVIN B. SCRUGGS FUNERAL HOME 1412 E. PRESTON ST. BALTO, MD. 2121 medical 23. PART I. Enter the diseases, pr complications that subshock, pr haart fellure. List only one cause of ha deeth. Do not enter the moda of dying, such as cerdiec or reapiratory erreet, 3 Approximate filled in I Intarval Between 0 IMMEDIATE CAUSE (Finel Onset and Death cremation, event, the disease pr condition Superior Vena cova and completely reaulting in death) Subclavian executed bunal. other traumatic CERTIFICATION and Sequentially list conditions, DUE TO (DR AS A CONSEQUENCE DE) If any, leading to immediate cause. Enter UNDERLYING Drior CAUSE (Diseese Dr Injury DUE TO (OR AS A CONSEQUENCE OF) that initieted evente resulting in deeth) LAST 0 Mental Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL signed by t 23 shows any renal disease 1 YES 2 NO OF DEATH? 1 YES 2 NO certificate has been DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item 2 State HOSPITAL:
1 [Xinpatient 2 | ER/Outpatient 3 | DOA EXAMINER? OTHER 1X YES 2 NO ATTENDING PHYSICIAN: 4 ☐ Nursing Home 5 ☐ Raeldence 6 ☐ Other (Specify) the 0 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 1829 M 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with is marked, this 1 Natural -16-94 Proceedure 1 YES 2 NO BY Medical 2 Accident
3 Suicide death Investigation After 28s. PLACE OF INJURY — At home, term, street, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 8 Could not be P 4 Homicide Room Operanha 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end placa, and due to the cause(s) and menner as ateled. 2 MEDICAL EXAMINER: Dn the minstion end/or investigation, in my opinion, death occured at the time, data and place, and dua to the cause(a) end manner as stated. TO THE HU
TO THE FU
De Med W 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE ▶ AUG 17,1994 O.C.M.E. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) FOULER 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year) P. REGISTRATION GRATURE 41994



BALTIMORE, MARYLAND 21215-0020

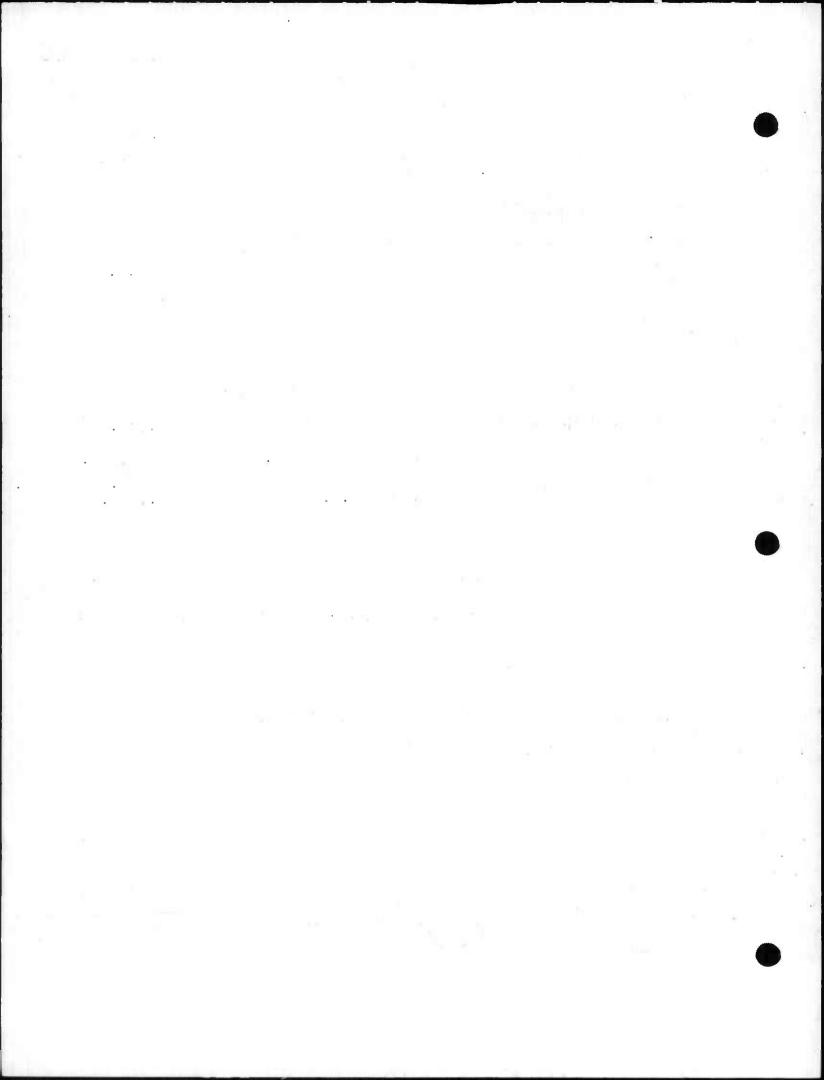
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the minimum formers of the property of the hospital or attending physician.

TO THE RUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF N		/ DEPARTM		EALTH AND I	MENTAL HYG				
	1. DECEDENT'S NAME (First, Middle, Lest)	0				2. DATE OF DEAT			3. TIME OF DE	ATH
	Zelma		Trav	<i>l</i> ers		August	19.1	YEAR Q Q / ₄	9:44	л м
	4. SOCIAL SECURITY NUMBER 5, SEX	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24				7. DATE OF BIRTI	4	8. BIRTH	PLACE (State or I	_
	219-12-6678 1□ № 2 🕏 🕏	1 M 2 KF /5 YRS.			NYS HOURS MIN. (Month, Day, Year) Coul				Maryland	
	Marry land Conordal II		91		R LOCATION OF DE	EATH	9c. COU	NTY OF D	EATH	
0	Maryland General Hos	pital		Balti	more					
E	10e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	CATION				10d. INSIDE CIT	Y
ā	MD.			Balti	altimore) NO
Y	10e. STREET AND NUMBER			101	ZIP CODE		10g. CIT	IZEN OF V	HAT COUNTRY?	
	233 Beale Court			21231 U.S.						
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexicen, Puerto Rican, stc.) 1 Yes 2 Fixto Specify Speci					, White, etc.	200
ED	15. DECEDENT'S EDUCATION	16a. D	ECEDENT'S US	UAL OCCUPATION	N .	16b, KIND O	F BUSINESS/INC	DUSTRY	Diac	
	(Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5 -		Give kind of work fe. Do NOT use re	done during mo kired.)	st of working					- 1
COMPLET	12th		House	wife						- 1
00	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, M				
96	Arthur Milburn					Gaskins				
0	190. INFORMANT'S NAME (Type/Print) Carolyn Travers	1			nd Number or Rural F					
	200. METHOD OF DISPOSITION	1000000			wton Av					9
	1	CONSTRUCT	EAND DATE OF D	Place)	al PK.	DATE 20	C. LOCATION —	City or To	wn, State	- 1
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	112.0	4040 1	22. NAME AN	D ADDRESS OF FA	CHITY				
	Dorotha Hota	CECD	JL201	T .	D1 • 11 •	1	721-2	7 N.	Monro	e ST
-	23. PART i. Enter the diseases, or complications tha	CFSF -	FZOI	E.L.	Phillip	os F/HB	alto.	, MI		
-	shock, or heart fallure. Liet only one ceu	se on each lin	ne.	enter the mo	ue or dying, suc	ii aa cardiac or i	eepiratory an	reat,	Approxir interval	Between
	IMMEDIATE CAUSE (Final disease or condition Cardiac Arrest Cardiac Arrest								Onset ar	7-0-0
ł		SEQUENCE OF):						45 m	ıın.	
z	Sequentially list conditions Myocardial Infarction 45 min								nin	
2	Sequentielly list conditione, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								12.11	
HILICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	oscero	otic C	ardio	vascula	r Dise	ase		10 v	ears
	that initieted eventa resulting in death) LAST	(OH AS A CONSI	EOUENCE OF):							
	d				- 17					
ا لا	PART II. Other eignificent conditione contributing to	death but not	reculting in t	he underlying	cause given in		S AN AUTOPSY REORMED?	24b.	WERE AUTOPSY AMAILABLE PRIOR	
2							ES 27 NO		COMPLETION OF OF DEATH?	
M	DID TODA GOO HET GOA INDIDITION								1 YES 2	NO
ž	DID TOBACCO USE CONTRIBUTI	: 10 CAU	JSE OF I							
2	EXAMINER? 1 YES 2 XNO 1 INDICATE THE DESCRIPTION OF THE DESCRIPTION	1 ED10 - 1 - 1		THER:	ACE OF OEATH (Ch					
HYSICIAN: MEDIC	27. MANNER OF DEATH 28e. DATE OF	INJURY	28b. TIME O	F 28c, INJ	5 Residence	8 U Other (Specify 28d. DESCRIBE H		CURED		-
-	1 Natural 5 Pending (Month, D	ay, Year)	INJUR	y wo	RK? 'ES 2 NO					
2	3 Suicide 280. PLACE O	FINJURY — AI h	10me, lerm, stre	et, lectory, offic		281. LOCATION (S	treet and Number	r or Rural F	loute Number,	-
150	4 Homicide determined	orac (opocny)				City or Town,	State)			
COMPLE	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the beat of	my knowledge, d	death occurred a	t the time, date	end plece, end due	to the cause(e) en	f menner ee ata	rted.		
5	one) 2 MEDICAL EXAMINER: On the basis of e	tamination end/or	r investigation, I	n my opinion, d	eath occured at the	lime, date end plac	e, end due to II	he ceuse(e) end <i>m</i> enner as	stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NUM	ABER	29d. DAT	E SIGNEO	(Month, Day, Year	7)
	Unummisma.	MO	•		D176	73	•	8/1	9194	
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS									
	Sudhi Chintrisna, M	.D. c/	o Mar	yland	Genera	1 Hospi	tal]
	31. DATE FILED (Month, Day, Year) AUG 24 1994 Julya Whavel	R'S SIGNATURE	11.				24171			
	1100 N ± 1007									16 Pay 1/90



FOR STATE REGISTRAR

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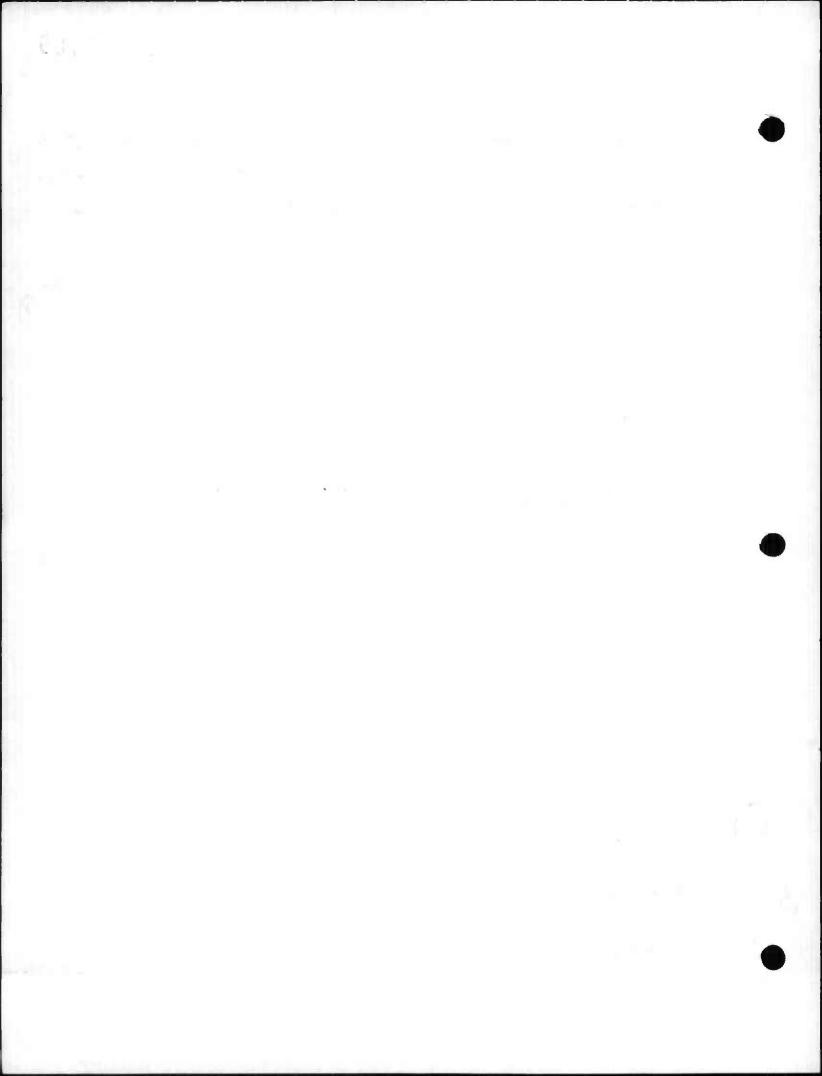
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DIVISION OF VITAL RECORDS, P.O.	۳
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REG. NO. 2. DATE OF DEATH DAY . DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 250 PM M Marie aulor 8 Z 94 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. RIPTHPLACE (State or Foreign 8/11/190 Beloit 1 M 2 F 93 YRS use as the burial-transit permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1208 WELDON CIRCLE 21211 USA nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Marrie IF YES, GIVE WAR OR DATES 8 3 Widowed 4 XDivorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 4 YRS jo Elementary/Secondary (0-12) detached SECRETARY FEDERAL EMPLOYEE 17. FATHER'S NAME (First Micidle Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) signed by the attending physician and completely filled in by the funeral director, page 5 should be Heath and Mental Hygiene prior to burial, cremation, or removal. Ħ BERTHA OLSON RAGNVALD HANSEN BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) COCKEYSVILLE, MARYLAND 2 JEAN COLBURN 920 SAXON HILL DRIVE. pe 20a. METHOD OF DISPOSITION
1 □ Burial 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must GREEN MOUNT CETETERY 4 Donation 5 Other (Specify) 3/25/94 BALTIMORE, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
A. ALAN SEITZ, JR. FUNERAL HOME Man 3818 ROLAND AVENUE, BALTIMORE, MARYLAND other traumatic event, the medical 23. PART I. Enter the diseases, or complications that cadeed the death. Do not enter the mode of dying, such as cardiec or respiratory errest. Approximate shock, or heart failure. List only one ceuse on each line interval Betwe Onset and Death IMMEDIATE CAUSE (Final demention multi-infanct disease or condition resulting in death) 2 years CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS **AVAILABLE PRIOR TO** any COMPLETION OF CAUSE 1 TES 2 NO shows ? 1 YES 2 NO this certificate has been with the State Dept. of I PHYSICIAN: 23 Item 2 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Rasidence 6 🗆 Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 2 Accident 1 YES 2 NO death y COMPLETED BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 90 3 Suicide 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 6 Could not be Item 28 4 Homicide 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 를 보 물 Maa Teahelle · august 21, 1994 Greger M.D 13657 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) THE GREGOR KESWICK, YOOW. YOTH STREET, BALTO. MD 21211 34 REGISTRAR STIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



1 - STATE STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO.				
1. 2. 3 should		1. DECEDENT'S NAME (First, Middle, Last)	VAZ		2. DATE OF DEATH	iv1994 YEAR	172:61°pm		
		4. SOCIAL SECURITY NUMBER 218- 22- 1846	5. SEX 6. AGE (In yrs. last birthday) 1	# UNDER 1 YEAR # UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH	26 8. BIRTHPE Country)	ACE (State or Foreign		
	стов	9a. FACILITY NAME (If not Institution, give st Saint Joseph Hospi RESIDENCE OF DECEDENT		96. CITY, TOWN OR LOCATION OF D TOWSON, Man		9c. COUNTY OF DEA	OL6		
Pages	DIRE	10a. STATE 10b. COUNTY	10c, CIT	TY, TOWN OR LOCATION		1	ed. INSIDE CITY		
020 physician. burial-transit permit.	FUNERAL	3904 Chath	Am Rd	21215		10g. CITIZEN OF WH			
the find	BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A MED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Juban, Maxico 1 YES 2 NO Specify	in, Puarto Rican, atc.)	or No— 14. RACE — Black, 1 Specify	American Indian, White, atc.		
21 for u	LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	Completed) (Give kind of life. Do NOT u		16b, KIND OF BUS	SINESS/INDUSTRY			
YLAND Shital by the hospital be detached for at once.	E COMPL	17. FATHER'S NAME (First, Middle, Last)	Jewyon	MAR	IME (First, Middle, Maider	SALL			
ay be retained I page 5 should be notified	TO B	BARDARA K	GORE 360	ADDRESS (Street and Number 22 FORRES)	PK Ave	BAITON	1021215		
HOKE le 6 may rector, pa		20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remote 4 Donation 5 Other (Specify)		of DISPOSITION (Name of Other place)	8/2013	CATION — City or Town	n, State		
SAL r death le fune al.		Unever	L Keld	Red Fund	eal Seel	ice Mc	NROE		
filled in tion. or rei		26. PART I. Enter the diseases, or canonic state of the second shock, or heart failure. If IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused the death. Do List only one cause on each line.			retory errest,	Approximate Interval Between Onset and Death DYS		
2 B E . 3	NO	Sequentially list conditions,	CARDIOGENIC SHOCK				HRS.		
icate be physician to prior the prior to end or traus	CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury							
F Ho by	CERTI	that initieted eventa resulting in deeth) LAST							
res that the igned by the earth and M	MEDICAL	PART II. Other significent condition	s contributing to death but not reaulting	In the underlying ceuse given in	Part I. 24a. WAS AN PERFOR	NO C	PERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? YES 2. NO		
N: The law req ficate has been State Dept. of Item 23 sho	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL	28. PLACE OF DEATH (C)	neck only one)				
SICIAN: The Certificate the State	PHYSI	1 TES 2 TOO	HOSPITAL: 1, Inpetient 2 ER/Outpetient 3 DOA 28a. DATE OF INJURY 28b. TIM	4 Nursing Homa 5 Residence		William Coorners			
NG PHYS frer this c aath with	ВУ Р	1 Natural 5 Pending 2 Accident Investigation		M 1 YES 2 NO	28d. DESCRIBE HOW II	AJORY OCCURED			
TTENDI TTOR: A after de		3 Suicida 8 Could not be datarmined	28s. PLACE OF INJURY — At home, farm, building, atc. (Specify)	street, factory, offica	281. LOCATION (Street a City or Town, State)	and Number or Rural Rou	ite Number,		
물 물건 물	COMPLETE		CIAN: To the best of my knowledge, death occurr R: On the basis of axamination and/or investigate				and manner as stated,		
TO THE HOSPI TO THE FUNEF DE filed within	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	Inthicum MD	29c. LICENSE NU D31 826		29d. DATE SIGNED (A	donth, Day, Year)		
10		RICHARD L. LINTH	CUM, M.D., 7620 YORK	RD., TOWSON, MC	21204				
Tho		31. DATE FILED (Month, Day, Year)	Je beer Harekamilandall						

BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	L. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Acours after death. Page 6 may be TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatte event, the medical examiner must be in

1 - STATE REGISTRAR		LAND / DEPARTME CERTIFICATION	TE OF DEATH	REG. NO.						
1. DECEDENT'S NAME (First, M	orge Woods J	IR.		2. DATE OF DEATH MONTH DAY	YEAR 0 800					
4. SOCIAL SECURITY NUMBER 239 24 970	0 1 1 M 2 □ F	E (In yrs. last birthday) IF UN YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. IB DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) ()5 04 24	8. BIRTHPLACE (State or Foreign N - CAROLINA					
9a. FACILITY NAME (If not institute of the company	VA -Med Ctr	9b. C	Baltmore	MO 9c.	Baltimure					
	BG-HIMORE	10c. CITY, TOW	Saltimore		10d. INSIDE CITY LIMITS? 1 X YES 2 NO					
10e. STREET AND NUMBER	he Algreda		101. ZIP CODE 2/2/8	10g	CITIZEN OF WHAT COUNTRY?					
11. MARITAL STATUS 1 Never Married 2XXM 3 Widowed 4 Divorce	IF YES, GIVE WARE OR	IN U.S. ARMED B 2 NO DATES R M Y	IS. WAS DECENDENT OF HISP. If yes, specify Cuban, Mexi- 1 YES 2/ NO Specify Cuban	ANIC ORIGIN? (Specify Yes or No en, Puarto Rican, etc.) ify:	14. RACE — American Indian, Black, White, etc. Specify: BLACK					
15. DECED (Specify only in Elementary/Secondary (0-12	DENT'S EDUCATION lighest grade completed) 2) College (1-4 or 5+)	18a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	ne during most of working d.)	16b. KIND OF BUSINES	S/INDUSTRY					
17. FATHER'S NAME (First, Middle GEORGE	#e, Last) WOODS SR.	LABORI	16. MOTHER'S N	n/a AME (First, Middle, Melden Surne RY WOODS	me)					
190. INFORMANT'S NAME (Type MARY M.				A , BALTIMOR						
XX Burial 2 Cremation	26e. METHOD OF DISPOSITION XX Burlai 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify) 20e. PLACE AND DATE OF DISPOSITION (Name of Complete Com									
21. SIGNATURE OF FUNERAL SERVICE LICENSEE WM. C. MARCH FH1101 E. NORTH AVE										
	irt fellure. List only one ceuse on	eech line.		ch aa cerdiac or reapirator	interval Between					
iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (OR AS DUE TO (OR AS G.	A CONSEQUENCE OF): A CONSEQUENCE OF):			interval Between					
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iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYINK CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent 25. WAS CASE REFERRED TO 8 EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pe 2 Accident Inv 3 Suicide 6 Co	a. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. C. DUE TO (OR AS d. L. Conditional contributing to death MEDICAL HOSPITAL: 1 Inputent 2 ER/Our (Month, Day, Vear)	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the state of th	underlying cause given is 28. PLACE OF DEATH (C IER: VURSING HOME 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	Part I. 24a. WAS AN AUTO PERFORMED? 1 YES 2 N theck only one) 6 Other (Specify)	PSY AMILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO					
iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYINK CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent 25. WAS CASE REFERRED TO I EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pe 2 Accident 3 Suicide 6 Co 4 Homicide 6 Co 29a. CERTIFIER (Check only	a. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. C. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the tipetient 3 □ DOA 4 □ ii 28b. TIME OF INJURY M TY — At home, farm, street, ii ecify)	underlying ceuse given is 28. PLACE OF DEATH (CIER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO lactory, office	Part I. 24a. WAS AN AUTO PERFORMED? 1 YES 2 N theck only one) 6 Other (Specify) 26d. DESCRIBE HOW INJURY City or Town, State)	PSY 24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO Y OCCURED					
IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYINK CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent 25. WAS CASE REFERRED TO I EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Per Inv 2 Accident 3 Suicide 6 Co de de de de de de de de de de de de de	B. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS DUE TO (OR	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the typatient 3 DOA 4 The second of the	underlying ceuse given is 28. PLACE OF DEATH (CIER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO lactory, office	theck only one) 24a. WAS AN AUTO PERFORMED? 1 YES 2 N theck only one) 6 Other (Specify) 26d. DESCRIBE HOW INJURY 26f. LOCATION (Street and No. City or Town, State) to the cause(a) and manner as a time, date and place, and due	PSY 24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH 1 YES 2 NO Y OCCURED Jumber or Rural Route Number, es stated.					



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DIVISION OF VITAL RECORDS, P.O. BOX 68760

HOSPITAL OR ATE FUNERAL DIRECTO WITHIN 72 hours TANT: If item 2
> -

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

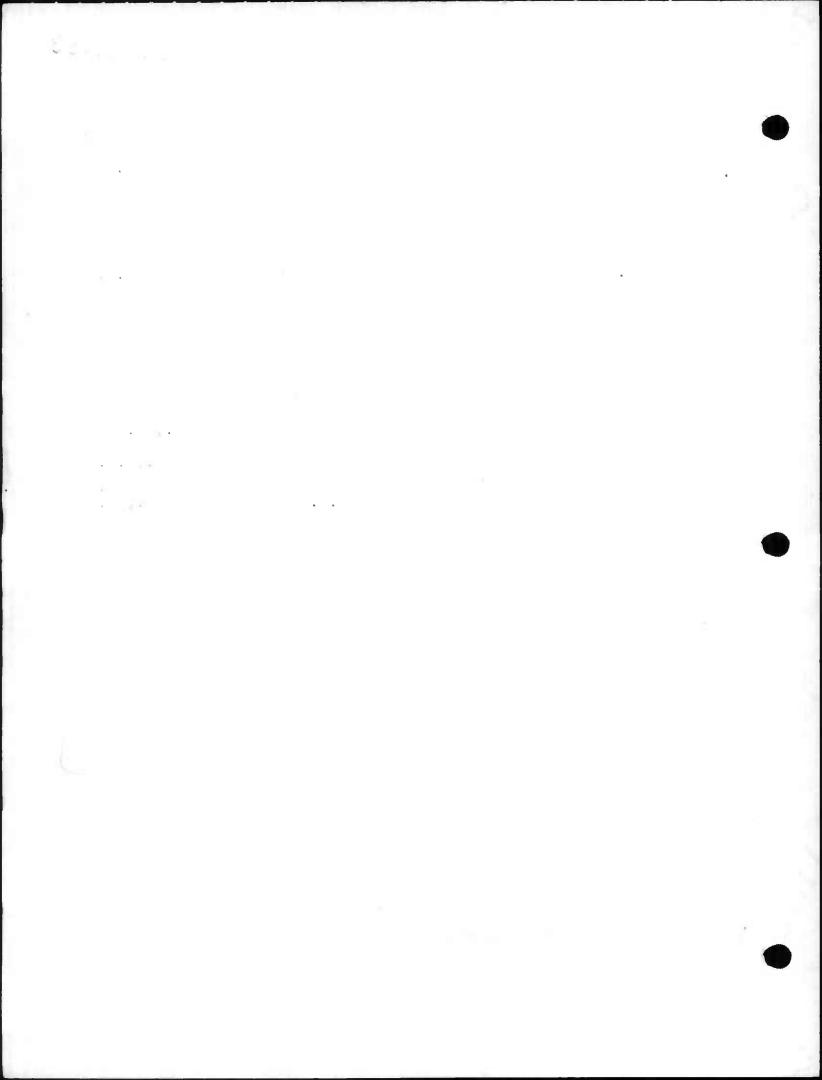
-	TEGIOTIAL				IVAIL	OI.	DLA		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	a S.	S. Waters				2. DATE OF DEATH DAY 8 19 1994 3. TIME OF DEATH			3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	Rupert	6. AGE (In yrs. la		IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTN (Month, Day, Year)		8. BIRTN	PLACE (State or Foreign
	060-18-8013 96. FACILITY NAME (If not institution, give st		75		ah CITY I	COMON C	D LOCATI	ON OF DEA	6-27-1919		INTY OF DE	
DIRECTOR	3350 Dolfield			Bal		TOURING	ON OF DEA		90.000	MIT OF DE	AIR .	
EC	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCAT	ION		· · · · · · · · · · · · · · · · · · ·			10d, INSIDE CITY
	Md			Ba	alto	_						LIMITS? 1 X YES 2 NO
ERAI	3350 Dolfield A	venue				101	212			10g. CIT	U S	HAT COUNTRY? A
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X	RMED NO	11	yes, sp	ENDENT (F NISPANI	C ORIGIN? (Specify Yee , Puerlo Ricen, etc.)	or No	14. RACE Black Specif	- American Indian, White, etc. Black
TED	15. DECEDENT'S EDUC (Specify only highest grade		(0	Give kind of	USUAL OCC	CUPATIO	ON st of worki	19	16b. KIND OF BUS			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)) //	B. Do NOT iii	se retired.)				Baltin Public			
CO	17. FATNER'S NAME (First, Middle, Last)								E (First, Middle, Meiden	Surname)		
BE	Cuthbert Simmo	ns			_	_			fife Hors			
2	Raymond L. Wate	rs		3350	Dol1	fie	ld A	venue	e Balto, Mo	d 21	215	
	20e. METNOD OF DISPOSITION 1 X Burlet 2 Cremetton 3 Remo	ovel from State	206. PLACE	AND DATE	FDISPOSIT	RAL	me of		82594 B		City or Ton	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE C	0					ss of FAC	ILITY			
	mee W	Colm	1		1	430	O W	abash	Avenue	Balt	o, Md	21215
	23. PART i. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Finei disease or condition resulting in death)	List Dnly one ceus	se on each line	n A	Por				as cardiec or reepi		,	Approximate Interval Between Onant and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
	PART II. Other significent condition	s contributing to	deeth but not	not resulting in the underlying ceuse given in Pert I.			Pert I. 24s. WAS AN		24b.	WERE AUTOPSY FINDINGS		
EDICAL							PERFOR	0.0		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ž.	DID TOBACCO USE	CONTRIBUTE	TO CAL	USE O	F DEAT	Ή .	YES T	7 NC				1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:			EATN (Chec				
IXSI	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpetient 2		_	4 - Nursir	_			Other (Specify)			
BY P	1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF I		28b. TIM	URY M	WO 1 1	URY AT RK? (ES 2] NO	28d. DESCRIBE NOW II	NJURY OC	CURED	
	2 Accident 3 Suicide 8 Could not be datermined 4 Nomicide 0 Nomi									oute Number,		
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of axamination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner as atsted.											
346 SIGNATURE AND TITLE OF PERTURENCE									E SIGNED	(Month, Day, Year) 22 - 94		
	CAPLIFON C. GI	200 Y	AR Wall	1717	Gu	54.	NN	00	K. As. Be	700	M	021207
	11000				3							

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

AL RECORDS, F.O. BOX 88780, BALLIMORE, MARTLAND 21215-0020	HYSICIAN: The law requires that the death certificate be executed within 2ours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
Similar of VI At hecoholy, F.O. Box 69760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physici be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior

	1 - STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTA			MENTAL HYGIENI REG. NO.	Ē				
	1. DECEDENT'S NAME (First, Middle, Las $WARD$	MYRT	LE			2. DATE OF DEATH MONTH DA	97	EAR 3. T	730 AM		
. DIRECTOR	4. SOCIAL SECURITY NUMBER 244-68-414		8. BIRTHPLACE (State or Foreign Country Carolina								
	The state of the s	99. FACILITY NAME (If not institution, give street and number) 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 86. COUNTY OF DEATH 86. COUNTY OF DEATH 86. COUNTY OF DEATH									
	10e. STATE 10b. COUR	NTY	10c. CITY, T	Toma	.270	ochake		7 1 5	INSIDE CITY LIMITS? YES 2 \(\text{NO}\)		
FUNERAL	2447 N. Barcl	lay Street		101.	21218		10g. CITIZEN	U.S.	COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO		cify Cuben, Mexicer	IC ORIGIN? (Specify Yes i, Puerto Rican, etc.)	or No- 14.	Black Whi	merican Indian, te, etc. Lack		
PLETED	15. OECEDENT'S EI (Specify only highest gra Elementary/Specondary (0-12)		Ge. DECEDENT'S USI (Give kind of work life. Do NOT use re Housew	done during mos tired.)	t of working	16b. KINO OF BUS	INESS/INDUS	TRY			
E COMPL	17. FATHER'S NAME (First, Middle, Last) Steve Coppe	r			18. MOTHER'S NAM	ME (First, Middle, Maiden S Floyd	Surname)				
TO BE COM	Willie Ward		196. MAILING AD 2447	Barc	Number or Aural A Lay Str	oute Number, City or Town	State, Zip Co.	. 21	218		
	4 Donation 5 Other (Specify)	1 Buriel 2 Cremation 3 Removal from State									
	21. SIGNATURE OF FUNERAL SERVICE	3.2	FSP #28	1.000	ADDRESS OF FAC	ips F/HB	721-2 alto.	7 N.	Monroe S 21217		
AL CERTIFICATION	23. PART I. Enter the diseases, o shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	e	h Ilna.				atory arrest	,	Approximata Interval Between Onset and Daeth		
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. T S/I Saccy (Floor 1 yes 2 Ino								AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO		
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			CE OF OEATH (Che	ck only one)					
HYSI	1 YES 2 NO 27. MANNER OF DEATH	1 ☐ Inpetient 2 ☐ ER/Outpetie			5 Residence 8		###W 0.00!				
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WOF		28d. DESCRIBE HOW IN	JURY OCCUR	ED			
	3 Suicide 8 Could not b 4 Homicide determined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, ferm, stree	t, fectory, office		281. LOCATION (Street or City or Town, Stete)	d Number or F	Rural Route I	lumber,		
COMPLETED		SICIAN: To the best of my knowled						euse(s) end	manner ee stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFI				29c. LICENSE NUM	BER	29d. DATE SI				
2	38, NAME AND ADDRESS OF PERSON W			, ,		-	- 6	5/17/5	* Y		
	31. DATE FILED (MONIN, Day Year)	The addition of significant	3337 /S	1- Colvi	1 11	Belloft	d. 2/2	14 10	ite 650		



BALTIMORE, MARYLAND 21215-0	an requires that the death certificate be executed within mours after death. Page 8 may be retained by the breather or attending
	Jours after
O. BOX 68760,	ertificate be executed within
DIVISION OF VITAL RECORDS, P.O. BOX 68760	w requires that the death of
ON OF VITAL	N. Th
DIVISIO	OR ATTENDING PHYSICIA

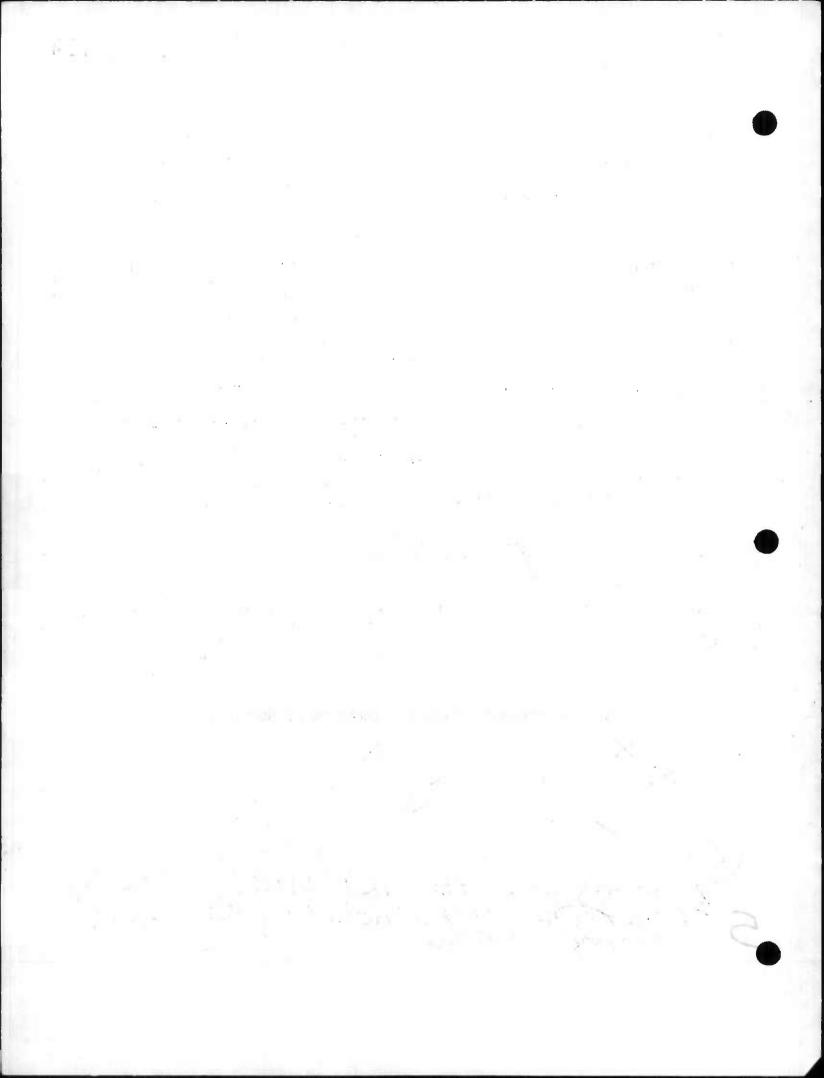
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within another flore death. Page 6 may be retained by the hospital or attending physician.

TO THE PLATERAL DIFFCTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be in within a noun after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTIVE IT IN 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF H	EALTH AND I	MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) HILDA B		ALTMAN			2. DATE OF DEATH DAY	MONTH DAY YEAR		
	4. SOCIAL SECURITY NUMBER 220-44-0320	1 - M 2 X F 90	In yrs. lest birthdey) 6 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-22-18	98 8. BIFT	MD	
TOR	99. FACILITY NAME (If not institution, give s PIKESVILLE NURS RESIDENCE OF DECEDENT		96. CITY, TOWN C	MORE	EATH	BALTIM			
DIRECTOR	MD 10b. COUNT BA	Y LTIMORE	10c. CIT	Y, TOWN OR LOCAT BALTIMO				10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	10e. STREET AND NUMBER 7017 PLYMOUTH	ROAD		101	21208		10g. CITIZEN OF	WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO		cify Cuban, Mexica	IIC ORIGIN? (Specify Yee n, Puerto Rican, atc.)	or No — 14. RAC Blac Spec	E — American Indian, ik, White, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	Cation completed) Callege (1-4 or 5 +)	(Give kind of u	USUAL OCCUPATION Work done during model retired.) SEWIFE	N st of working	166. KIND OF BUSI	HOME		
BE COM	17. FATHER'S NAME (First, Middle, Last) LEWIS LAZERUS	BRAGER				ME (First, Middle, Malden S IDE ADLER			
10	190. INFORMANT'S NAME (Type/Print) BELLE FENSTERW	ALD				TIMORE, MD	, State, Zip Code) 21208		
	20e. METHOD OF DISPOSITION 1 to Burlel 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify) □ 21. SIGNATURE OF FUNERAL SERVICE LI	cem	etery, crematory or o	SHALOM		22-94 BAL	TIMORE,		
	· Joel D	Juis)	SOL	LEVINSC	ON & BROS,	AT TIMODE	. MD21215	
CERTIFICATION	23. PART I. Enier the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory errest, ehick, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death								
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PRODINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO								
BY PHYSICIAN:									
ETED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, s	street, tactory, office		28t. LOCATION (Street an City or Town, Stete)	nd Number or Rural	Route Number,	
COMP	one) 2 MEDICAL EXAMINE	ICIAN: To the best of my knowless: On the basis of examination						e) and manner as stated.	
Z	296. SIGNATURE AND TITLE OF CERTIFIES 38 VAME AND ADDRESS OF PASSINGS.	FFMD P1	455C	Print	D/92	61	≥ 8/2	194	
×	31. DATE FUED (Month, Day Wash)	10085	V. 1.2.	Blvd	Owing	WITH V	1221	117	
	U C 9 1334 7	The state of the s	~~~~~						



P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020
th certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physici

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNEAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, nace 5 should be detacted for use as the burial-transit narmir panes 1 2 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

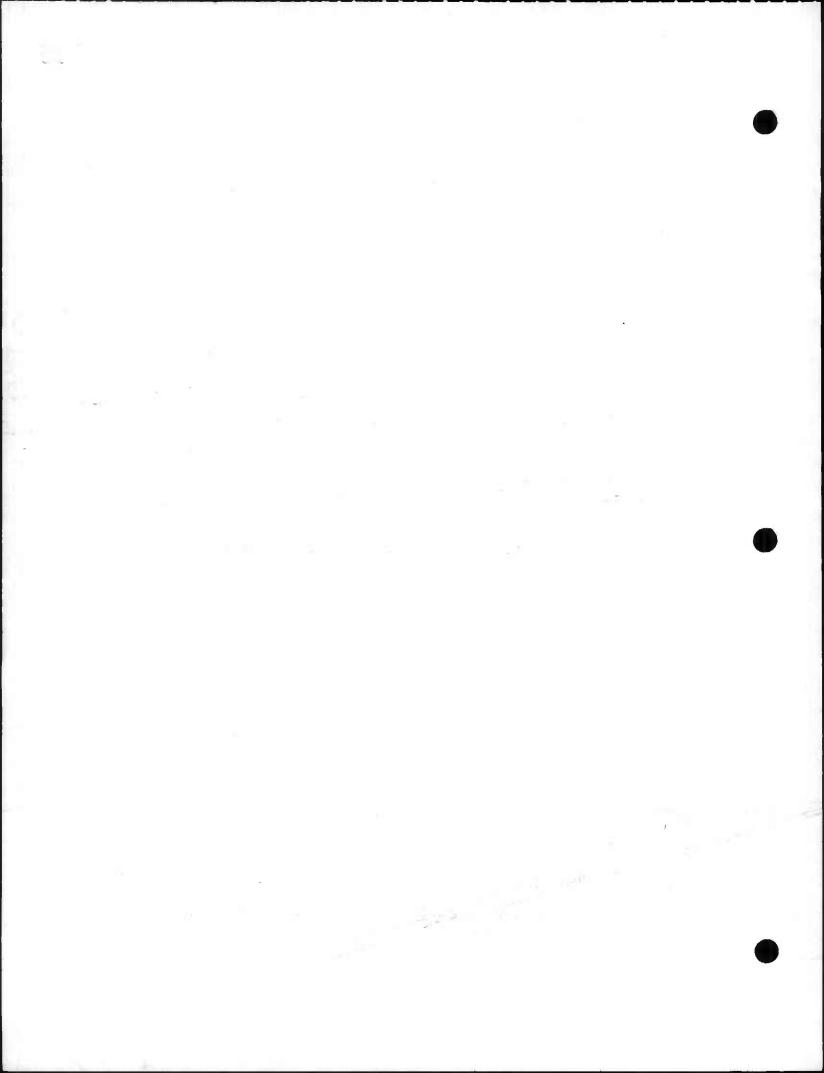
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Margarita Korell M.D.

TO BE COMPLETED BY FUNERAL DIRECTOR

DWG								0	1	4170
FOR STATE REGISTRAR	STATE OF MAR				HEALTH AND I	MENTA	L HYGIEN			
1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			3. TIME OF DEATH
RUBY ABRAHAM						AU			94	3:05P M
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. las		F UNDER ! YEAR	IF UNDER 24 HRS.		OF BIRTH		8. BIRTI	HPLACE (State or Foreign
219-01-3566 9e. FACILITY NAME (If not institution, give si	1 🗆 M 2 🔀 F	84	YRS.	ONTHS DAYS	HOURS MIN.	Ju1	y30,19	7	Pen	nsylvania
MARYLAND GENE		ital	l'		TIMORE		Z	9c. COL	INTY OF E	DEATH
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,		I son CITY	TOWN OR LOC						
Maryland			10C. G111,	TOWN ON LOCA	Balti	.more	:			10d. INSIDE CITY LIMITS? 1
100. STREET AND NUMBER	st FRanklin	Stree	et	1	Of. ZIP CODE	201			U.S.	WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EV	/ER IN U.S. AR	MED	13. WAS DE	CENDENT OF HISPAN		N? (Specify Yes			E American Indian,
1 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR		Ю	If yes, s	pecify Cuben, Mexice S 2 X NO Specify	n, Puerlo	Ricen, etc.)		Spec	k, While, etc.
15. DECEDENT'S EDUC	CATION	18e. DE	CEDENT'S US	UAL OCCUPAT	ION	16b	. KIND OF BUS	SINESS/IN	DUSTRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use r	k done during n retired.)	nost of working					
12			Seamt	ress			Draper	y Co	mpan	У
17. FATHER'S NAME (First, Middle, Last)	Isaac Abrah	nam			18. MOTHER'S NA		Middle, Malden Fike	Surname)		
19e. INFORMANT'S NAME (Type/Print)		198	o. MAILING AI	DDRESS (Street	end Number or Rural I	Route Num	ber City or Tow	n. State. Z	n Code)	
Pauline Abraham	n		30x425		chance, Pe				436	
20e. METHOD OF DISPOSITION				DISPOSITION (/		OAT			City or To	own, State
t Sp Buriel 2 Cremetion 3 Remo	oval from State	Maple	matory or other ⊇ Grov	r place) re Ceme	terv	8/1	.5 Fair	char	ice, P	ennsylvania
21. SIGNATURE OF FUNERAL SERVICE LICE Michael R.	Pales all	M-		22. NAME /	AND AODRESS OF FA	N				1 Service yland21155
23. PART i. Enter the diseases, or o	omplications that co	bueed the de	eth. Do not	enter the m	ode of dying, suc	h as cere	diac or reepi	ratory a	rest,	Approximata
shock, or heert failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Arterios	clerot	ic Car	diovas	scular Di	sease	e			interval Batween Onset and Death
	OUE TO (OR	AS A CONSEC	DUENCE OF):							
Sequentielly list conditions, if sny, lesding to immediate csuse. Enter UNDERLYING	OUE TO (OR	AS A CONSEC	DUENCE OF):							
CAUSE (Diseese or injury	OUE TO (OR	AS A CONSEC	DUENCE OF							
thet initieted events resulting in deeth) LAST	302 10 (611	7.5 X 00.1020	oenoe or j.							i
	i									+
PART II. Other eignificant condition	s contributing to dea	ath but not n	esulting in	the underlyi	ng cauee given in	Pert i.	24s. WAS AN PERFOR	MEO?	24b	. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
						_	1 TES 2	XX.		OF DEATH?
DID TOBACCO USE CONTE	RIBUTE TO CAUS	E OF DEA	TH YES		UNCERTAIN		INQU:	IRY		
25. WAS CASE REFERRED TO MEDICAL		_		(Check only one						
EXAMINER?	HOSPITAL:	/Outpatient 3		THER:	me 5 Residence	8 Othe	er (Specify)			
27. MANNER OF OEATH	28e. OATE OF INJI (Month, Day, Y	URY	28b. TIME C	OF 28c. IN	JURY AT		SCRIBE HOW II	NJURY OC	CURED	
1 Natural 5 Pending 2 Accident Investigation	(Morati, Day, I	out)	INJUH		YES 2 NO					
3 Suicide 8 Could not be determined	200. PLACE OF IN. building, etc.	JURY — At hor (Specify)	me, term, atre	et, lectory, offi	СФ	281. LOC City	ATION (Street e or Town, State)	and Numbe	r or Runal I	Route Number,
29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the heat of	kasulad *	-45					C PONT		
(Check only one) 2 MEOICAL EXAMINE	CIAN: To the best of my									and manner or state d
		2		my opinion,			wiru piece, en			
MOULTA DE CERTIFIER	hole				O.C.			29d. DAT	AUG	13/94
30. HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	F DEATH (ITEN	1 27) (Type, Pr	int)						

111 Penn Street, Baltimore, Maryland 21201



	1 DECEDENT'S NAME	: (First, Middle, Last	0 (6) (Catheri	ne A.	Becker	2.0	ATE OF DEATH		2.7	IME OF DEATH
	BEC	Lan	CATT	White	V-D-		M	ONTH ON	AY .	YEAR	245
	4. SOCIAL SECURITY	NUMBER	5. SEX 6. AGE	(In yrs. last birthday	IF UNDER 1 YEAR	IF UNDER 24 HR	-	ATE OF BIRTH		8 BISTHEL A	E (State or Foreign
	215-48-8	534	1 M 2 F	3 97 YRS.	MONTHS DAYS			donth, Day, Year)	01	Country)	116
	90. FACILITY NAME (II		street and number)	- 32	9h CITY TOWN	OR LOCATION OF	_	1-22	- '	TV OF DEATH	PA
2	0.0		DIAN NURSING	HOME		ALTIMORE			0.00	TY OF DEATH BALTII	
DIRECTOR	RESIDENCE OF		DIAN NORDING	TIOUIL	<u> </u>	AUTTROKE				DAULTI	TORLE
Ä	10a. STATE	10b. COUN	TY	10c. CI	TY, TOWN OR LOC	ATION				10d	INSIDE CITY
5	MARYLAND	· I	BALTIMORE		PARKTON					,X	LIMITS? YES 2 NO
A P	10e. STREET AND NUI	MBER			1	IOF. ZIP CODE			10g. CITIZI	EN OF WHAT	
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a B	11			F	HOUSEWIF	E		A	MOH T	E	
once. COMPL	17. FATHER'S NAME (F	irst, Middle, Last)				18. MOTHER'S	NAME (Fi	rst, Middle, Malden	Sumeme)		
20 m				SCHMIDT							
TO B				19b. MAILIN	G ADDRESS (Street	and Number or Rui	ral Route A	Number, City or Town	n, State, Zip C	Code)	
	MR. JOEL	BECKER		1107	7 MOLESW	ORTH RD.	PAF	RKTON, M	ID 211	.20	
9	20a METHOD OF DISF 1 Burlel 2 Cre	POSITION	20	b. PLACE AND DATE				DATE 20c. LO	CATION CI	ity or Town, S	tate
Tage 1	4 Donation 5	Other (Specify)	moval from State	metery, cremetory or ANSHE EMU	other place) JNAH AIT	Z CHAIM	8-24	4-94 BAL	TIMOR	E, MD	
examiner	21. SIGNATURE OF FU	NERAL SERVICE L			22. NAME	AND ADDRESS OF	FACILITY				
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Belcher Mabel 966:1 G 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 34.7805 VIRGINIA 1 - M 2 X F YRS. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH of Maryland Medical University DIRECTOR Baltimore CH ustems Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b, COUNTY 10c CITY TOWN OR LOCATION 10d. INSIDE CITY HARFORD mp lington 1 YES 2 NO permit 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Road 1812 Glen Cove 21043 21034 USA funeral director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: White ВУ 3 Widowed 4 Divorced COMPLETED 15. DECEOENT'S EOUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) HOMEMAKER OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JOHN HESS MARY OWENS Ħ BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 MARY A. SEXTON 1762 GLEN COVE ROAD DARLINGTON, MD 21034 death. Page 6 may be e 20a METHOD OF DISPOSITION
1 V Buriat 2 Cremation 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Y. Crematory or other place)
AIR MEM. GARDENS 8/23 BEL 4 Donation 5 Other (Specify) ÂIR, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HARKINS FUNERAL HOME, INC. DELTA, and completely filled in by the burial, cremation, or removal. the medical 23. PART I. Entar the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, Approximata shock, or heart failure. List only one cause on each ilne interval Between Onset and Daath IMMEDIATE CAUSE (Final disease or condition resulting in death) Cardiogenic Shock event, DUE TO (OR AS A CONSEQUENCE OF) executed Myocardial Infarction traumatic CERTIFICATION Sequantially list conditions. DUE TO (OR AS A CONSEQUENCE OF): 9 if any, laading to immediata cause. Enter UNDERLYING this certificate has been signed by the attending physician a with the State Dept. of Health and Mental Hygiene prior to death certificate be Severe Obstructure Comman Arter Disease CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 10 PART il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? PERFORMED? Diabeles mellitus that Hypertersion. shows any Chronic Rosal 1 YES 2 1 NO Conseitue Heart Failure 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO [X] PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OR ATTENDING PHYSICIAN: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 27. MANNEB-OF DEATH 26b. TIME OF INJURY 7:32 PM 28a, DATE OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 8/19/94 5 Pending 1 YES 2 NO DIRECTOR: After the hours after death villem 28 is mart В 2 Accident Investigation 3 Suicide 28a. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER

(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF TO THE FUNERAL DE FILED WITHIN 72 ho 2 MEDICAL EXAMINER: On nation and/or investigation, in my opinion, death occured at the time, data and placa, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

45827

RETEN SOUTH Greene Street

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THE STATUTE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Sc

lenon W.

Steven W.

31. DATE FILED (MONTH), Day, 2005 1994

Baltmane Ad

19/94

and a second in the second in

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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VELMOURAUGANE

NO	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 sho	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	APORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPI	THE FUNER	filed within	PORTANT

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH ESTHER BOJKO 8-35 P 22 94 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) 070-26-1026 1 M 2 XF 82 DAYS HOURS YRS. July 15,1912 Ukraine 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Agnes Hospital Baltimore n/a RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNT 10d. INSIDE CITY LIMITS? Maryland Howard County Ellicott City 1 YES 2X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4042 Overlook Drive 21043 NONE 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or NoIf yes, specify Cuban, Maxican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married FORCES? 1 YES 27 IF YES, GIVE WAR OR DATES 1 TES 25 NO В Specify: Specify: 3 Widowed 4 Divorced white 18a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION nectly only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Sp Elementary/Secondary (0-12) College (1-4 or 5+) 12 homemaker own home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Peter **Blaznuk** Alexandria Kaploon BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ms. Helen Bojko 4042 Overlook Drive, Ellicott City, MD 21043 20a. METHOD OF DISPOSITION
132 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Crestlawn Mem. Gdns. 8-25-94 4 Donation 5 Other (Specify) Marriottsville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY
Slack Funeral Home, P.A. M0053\$ Glernbeller Ellicott City, Maryland 21043 23. PART I. Enter the diseases or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or reepiretory errest, ehock, or heart failure. Liet only one ceuse on each line. Approximete interval Between IMMEDIATE CAUSE (Finel **Onset and Death** diseese or condition resulting in deeth) HYPOXIA -12hr DUE TO (OR AS A CONSEQUENCE OF): MASSIVE PLEURAL EFPUSION. 6 mon lus CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF). if any, leading to immediate cause. Enter UNDERLYING 2 YEARS. FAILURE . CONGESTIVE HEART CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not reculting in the underlying ceuee given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO - RESTRICTIVE LUNG DISERSE COMPLETION OF CAUSE 1 - YES 2 (NO OF DEATH? 1 TYES 2 T NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\square\) NO \(\square\) PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? NOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER 1 TES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER
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(Chack only
(Ch 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE RESIDENT. What Kimon songerne. 2070 8 23 194. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

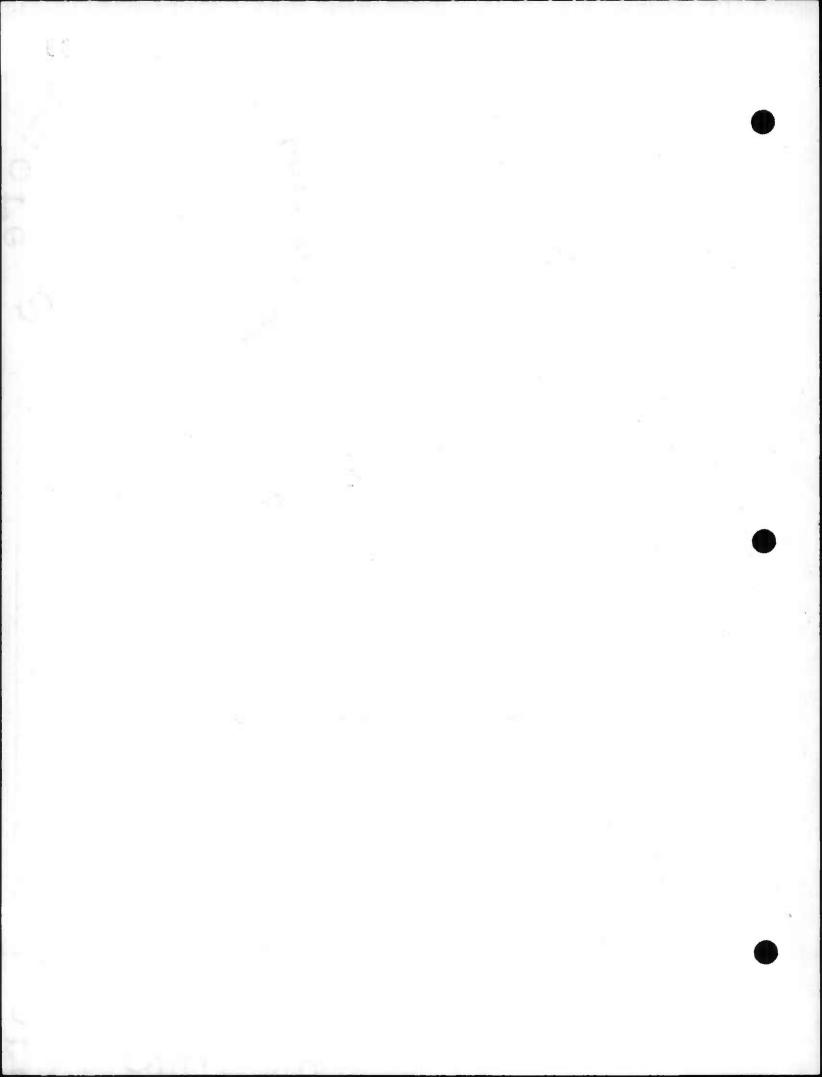
900 CATON AVENUE BALTINORE MO

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

OR TATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) Mamile Si B	rooks		2. DATE OF DEATH DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER $2/5 - 30 - 0/62/1 \square M 2 \square M$	6. AGE (In yrs. last birthday)	F UNDER 1 YEAR F UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH	B. BIRTHPLACE (State or Foreign Country)
œ	9e. FACILITY NAME (If not institution, give street end number		b. CITY, TOWN OR LOCATION OF DE	0-25-20	Y OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE , 10b. COUNTY	Spital	Rundalisti	iwn	
	Md	Ra	rdallstown		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	3925 Hemo M	Road	101. ZIP CODE 2113	_ /	en of what country?
ВУ	1 Never Married 2 Married FORCES	EDENT EVER IN U.S. ABMED 1 YES 2 NO SIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	4. RACE — American Indian, Black, White, atc. Specify: Black
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4	Iffe Do NOT use a	k done during most of working	166. KIND OF BUSINESS/INDU	STRY
COMPL	17. FATHER'S NAME (First, Middle, Last)	DIETIC.	18. MOTHER'S NA	ME (First, Middle, Maiden Surname)	
BE	199 INFORMANT'S NAME (Type/Print)	-5	DDRESS (Street and Number or Rural I	e Newl	Sorbi G.
5	Alphonso Graves	3925	NeMo Road	Randallst	own, Hd 21
	20e_METHOD OF DISPOSITION Burlel 2	20b. PLACE AND DATE OF cemetry, crematory or other		S/29/2 KONDO	lty or Town, State
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE		22, NAME AND ADDRESS OF FA	4. West	1 4
	23. PART I. Enter the disease, or complication	my	Face 73	00 Wabi	ash Au
NO	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	TO (OR AS A CONSEQUENCE OF):			Onset and E
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	JE TO (OR AS A CONSEQUENCE OF):			
	PART II. Other significant conditions contributing	an to death but not resulting in	the underlying across stress to	Post I Law was all comments	T
EDICAL	Treesting ling disease	-9 to gentli but upt teaditing in	une underlying ceuee given in	Pert I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAU OF CEATH?
N.	DID TOBACCO USE CONTRIB	UTE TO CAUSE OF I	DEATH YES NO	X	1 TES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Popular		26. PLACE OF DEATH (Chi		
PHY	27. MANNER OF DEATH 1 Netural 5 Pending	t 2 □ ER/Outpetient 3 □ DOA 4 TE OF INJURY nth, Day, Year) 26b. TIME (INJUR)	OF 26c, INJURY AT WORK? M 1 YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCU	PRED
ETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	ACE OF INJURY — At home, ferm, stre idling, etc. (Specify)		261. LOCATION (Street and Number of City or Town, State)	r Rural Route Number,
APLE		eat of my knowledge, death occurred			
COMPL	2 MEDICAL EXAMINER: On the basi	e of examination end/or investigation,			
10 BE	Mullium Pik	und	D433	18ER 29d, DATE	SIGNED (Month, Day, Year)
	NI MANY AND ADDITIONS OF PERSON WHO COMPLETED GUY MO	CAUSE OF DEATH (ITEM 27) (1790, A	Rayla Mateur	1,MD	
	AUG 25 1994 Julia Staves	ISTRAR'S SIGNATURE	,	,	
- 1	N - 1001 //				



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within—rhours after death. Page 6 may be retained by the hospital or attending physician.

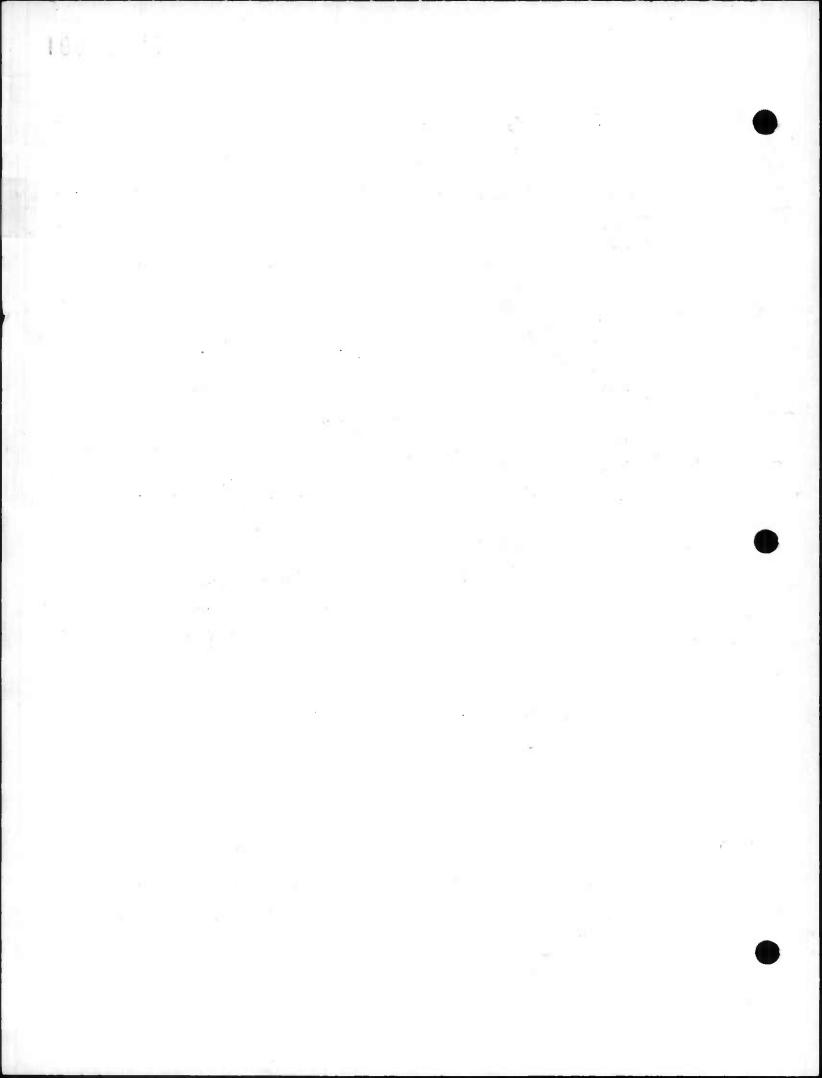
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CI	ERTIFIC	CATE	F DEAT	Н	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last))						2. DATE OF DEATH			3. TIME OF DEATH
•	ELSIE L BURNETT	1						08 23		YEAR	6.20 - M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. les	st birthday)	F UNDER 1 YEA	R IF UNDER 2	4 HRS.	7 DATE OF BIRTH		6. BIRTH	6:30 a M PLACE (State or Foreign
	213-52-4969	1 □ M 2 🎖 F 4	4		ONTHS DAY		MIN.	(Month, Day, Year)	9	Country	A A
	9e. FACILITY NAME (If not institution, give	street end number)		- 1	b. CITY, TOW	N OR LOCATION	N OF OEA			ITY OF DI	
E I	GREATER BALT	L CI							BALT		
5	RESIDENCE OF DECEDENT	O MEDICA				-				THEN	
DIRECTOR	10e. STATE 10b. COUNT			10c. CITY,	TOWN OR LO	CATION				Т	10d. INSIDE CITY LIMITS?
₫	MD BA	LTO								- 1	1 TES XX NO
FUNERAL	10e. STREET AND NUMBER					10f. ZIP CODE					HAT COUNTRY?
ER	1530 KING WI	LLIAM DR	IVE			212	28		Ü	J.S.	Α.
5	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. AR	MED				C ORIGIN? (Specify Yes	or No—		- American Indian,
7	1 Never Merried 2 Merried	FORCES? 1 IF YES, GIVE WAR		40	II yes		Mexican,	Puerto Ricen, etc.)		Black	, White, etc.
BY	3 Widowed 4 Divorced					X	-,,-			apaon	BLACK
	15. DECEOENT'S ED (Specify only highest grad	UCATION fe completed)	16e. DE	CEDENT'S US	BUAL OCCUP	ATION most of working		16b. KINO OF BUS	INESS/INO	USTRY	
9	Elementery/Secondary (0-12)	College (1-4 or 5+)	life	. Do NOT use i	retired.)	most or working					
MP	12TH			INKNO	VIV			SOCIAL	SE	CUR	ITY ADMIN
00	17. FATHER'S NAME (First, Middle, Last)					18. MOTHE	R'S NAMI	E (First, Middle, Maiden	Surneme)		
BE COMPLETED	JAMES R. BUR	NETT				VI	RGII	NIA SCO	TT		
인	19e. INFORMANT'S NAME (Type/Print)		19					oute Number, City or Town			
F	Virginia Burne	tt		1530) King	Willi	am D	rive Cator	nsvill	e, Md	21228
	20g. METHOD OF DISPOSITION 1 (2) Burlel 2 Cremetion 3 Res	movel from State	20b. PLACE	AND DATE OF	DISPOSITION	(Name of		OATE 20c. LO	CATION —	City or To	wn, State
	4 Donation 5 Other (Specify)		Cernetery Cre	uiid Ri	đge C	emetery	y 8	2794 Ba	alto,	Md	
	21. SIGNATURE OF THERAL SERVICE L	ICENSTE			22. NAMI	F AND ADDRESS	OF FACI	LITY			
	Mat.	665.13				arch F/ 300 Wa	n we	St.	-1+-	MA	21215
		TO 1810						Avenue B			21215
	23. PART i. Entar tha diseasea, or shock, or haert fallura	List only one cause	on each iine	eath. Do noi	anter tha	mode of dyin	g, such	aa cerdiac or respi	retory arm	eat,	Approximete Intarvai Between
	IMMEDIATE CAUSE (Final	C 1.	.0 [d	. (Onset and Death
	disease or condition reaulting in death)	. Cardi	AS A CONSE	ronary	Clo	1851					
		OUE TO (OR	AS A CONSE	OUENCE OF)							
Z I	Sequentially list conditions,	b. Brains	tem (evaint	in						
Ĕ	if any, laading to immediata		AS A CONSE								
<u> </u>	CAUSE (Disease or Injury		AS A CONSE		ш						
Ē	that initiated eventa resulting in death) LAST		in Tu								j
CERTIFICATION		d. 19/a	u 14	anov							
	PART il. Other eignificant condition	ens contributing to des	ith but not i	rasuiting In	the underl	ying causa giv	van In P	art i. 24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL	100			_		8		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
								1 [] YES 2	NO		OF DEATH?
Σ	DID TORACCO LISE	CONTRIBUTE	O CA11	CE OF	DEATH	VEC C	NO	-			1 TYES 2 NO
Y Y	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE	U CAU	or Or I			NO				
SICIAN:	EXAMINER?	HOSPITAL:	COCTACOMORE		THER:	. PLACE OF DEA					
ĭ₹	1 YES 2 NO	1 inpetient 2 ER		_				Other (Specify)			
PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJI (Month, Day, Y	bary /A	28b. TIME (ry .	INJURY AT WORK?		28d. OEŞCRIBE HOW II	JURY OCC	UREO	
_β	2 Accident Investigation		h (.			YES 2	NO				
	3 Suicide 8 Could not be	28e. PLACE OF IN building, atc.	JURY — At he (Specify)	ome, 1erm, stre	et, tactory, o	office	1	281. LOCATION (Street a City or Town, State)	nd Number	or Rural R	loute Number,
COMPLETE	4 Homicide datarmined			MA							
2	29e. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my	knowledge, de	ath occurred	at the time, o	data and place, o	end due to	o the cause(e) end men	ner aa state	ed.	
8	0001	IER: On the beale of exami) and manner se stated.
	29b. SIGNATURE AND TITLE OF CERTIFI	Mr. 1 6 1 1	8 /		_	29c. LICEN	ISE NUMB	BER	29d. DATE	SIGNED	(Monthy Dep. Year)
BE		F.V.Och	" Mel	1				COLUMN TO THE PARTY OF THE PART			
임	30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAUSE O	F OEATH (ITE	M 27) (Type, P.	rint)	14 K	(4	CA-A 456	. //	-	7
1					Ka	zinalel Di	cues e	CA-4 656	9 AUC	Grant	15% x44
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S	STENATURE			-					`
	AUG 25 1994	Jacobs Sandra	Mardall								
- 11	1/										

		FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF		ENTAL HYGIENE REG. NO.				
		1. DECEDENT'S NAME (First, Middle, Last)	a 2011	_		2. DATE OF DEATH DAY	YEA	3. TIME OF DEATH		
		4. SOCIAL SECURITY NUMBER 5.	SEX BRUC		IF UNDER 24 HRS.	7. DATE OF BIRTH	3 199	4 4:55PM		
			WM2□F 56	YRS. MONTHS DAYS	HOURS MIN.	05 16 1	938 Mi	ssouri		
	CTOR	11 1 4	Maryland	Ba	ltimor	1	Bal-	timore City		
	DIRE	Florida Browan	cd	10c. CITY, TOWN OR LOC	Davie			10d, INSIDE CITY LIMITS? 1 YES 2 NO		
	RAL	100. STREET AND NUMBER	17.0	1	Of. ZIP CODE			OF WHAT COUNTRY?		
	FUNE	7335 Southwest 2		150 140 1110 01	33314		US			
	BY FU	1 Never Married 2 Married	. WAS DECEDENT EVER IN U.S. ARI FORCES? $1 \frac{1}{K}$ YES $2 \frac{1}{N}$ IF YES, GIVE WAR OR DATES $1955-19$	1 🗍 YE	ECENDENT OF NISPANIC specify Cuban, Maxican, ES 2 NO Specify:			ACE — American Indian, Black, Whita, etc. Specify: White		
	E	15. DECEDENT'S EDUCATI (Specify only highest grade corr	ON 18a. DEC	EDENT'S USUAL OCCUPATIVE kind of work done during r	TION post of working	16b. KIND OF BUS	INESS/INDUSTR	ry .		
	LET		ollege (1-4 or 5+)	ctrical Er		Electro	nica			
once.	COMPL	17. FATNER'S NAME (First, Middle, Last)	у штес	ctical bi		E (First, Middle, Maiden S				
9	ш	Jack Bruce			Г	orothy I	laze1			
notified	TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7335 Southwest 27 Court, Davie, FL 33314								
e	- 1	20a. METNOD OF DISPOSITION 1 □ Burlal 2 X Cremation 3 □ Removal	20b. PLACE A	ND DATE OF DISPOSITION (Name of	DATE 20c LOC	ATION - City o	at Town State		
E B		4 Donation 5 Other (Specify)	Metro	Crematory			timor	e, MD		
examiner must		21. SIGNATURE OF FUNERAL SEBURGE LICENS	Conald	Crema	and address of facilition Soc	eiety of	Mary1	and, Inc.		
		Dawn F. McDor 23. PART I. Enter the diseases, or com		299 F	rederick	Rd. Balt	imore	MD 21228		
5 E		shock, or haart failurs. List	only ons causs on sach lina.					interval Between Onset and Death		
atic event, the		reaulting in death) a	DUE TO (OR AS A CONSEC	UENCE OF):	0 10 /	2				
other traumatic	NO	IMMEDIATE CAUSE (Final disease or condition resulting in death) Severe Sepsis Due to (or as a consequence of): Multiple rectal 4 theigh a6scesses Due to (or as a consequence of): Due to (or as a consequence of):								
traur	FICATION	If any, isading to immediats csuse. Enter UNDERLYING CAUSE (Disease or injury								
or other	ERTIFI	that initiated eventa	DUE TO (OR AS A CONSEO	UENCE OF):						
	O	d								
2 =	SP	Bladder (ontributing to dasth but not re	the Mnt a	ng cause given in P	ert i. 24s. WAS AN A PERFORE		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
shows any	EDIC	Braace	week wi	in naca	370120	t 🗆 YES 2	□ NO	COMPLETION OF CAUSE OF DEATN?		
	AN: M	DID TOBACCO USE CO	NTRIBUTE TO CAUS	E OF DEATH	YES NO		- 1	1 YES 2 NO		
Item 23	CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	26.	PLACE OF DEATN (Chec	k only one)				
0	PHYSICI	1 YES 2 NO 1 (Inpatient 2 ER/Outpatient 3 28a. DATE OF INJURY	DOA 4 Nursing Ho	me 5 Realdence 6	Other (Specify)	HIPV COCHES			
is marked	ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	INJURY V	YORK?	IOU. DESCRIBE NOW IN	JUNY OCCURE			
28 is ma		2 Accident Investigation 3 Suicide 6 Could not be detarmined	26a. PLACE OF INJURY — At hor building, atc. (Specify)	ne, farm, street, factory, off	les 2	281. LOCATION (Street ar City or Town, State)	nd Number or Ru	iral Route Number,		
Item	PLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAL	Y: To the best of my knowledge, das	th occurred at the time, da	te and place, and due to	the cause(a) and many	ner as stated.			
Ë	COMPL		on the basis of examination and/or is					se(a) and manner as stated.		
MPORTANT: If Item	BE C	296. SIGNATURE AND TITLE OF CERTIFIER	91 -	<u> </u>	29c. LICENSE NUMB		29d. DATE SIG	NED (Month, Day, Year)		
E 8	10	30. NAME AND ADDRESS OF PERSON WHO CO	Hame M.D.	27) (Time Print)	D4193		8	23174		
		Daniel K. Game		ith Greene	Street	Baltimo	re M	D 21201		
		ALIG 25 1994 Files	20 DESIDE COMMENT OF STURKEN THE	or or other		Duz CIMO	, 11	- LLUI		
		MILL 70 100 1								



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within at hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-715 9/2/94 t.t FOR STATE STATE STATE REGISTRAP STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICAI	E UF	DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) MELANIE BROWN	Maladu	Danica	Da				2. DATE O	OF OEATH	NA.	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER							AU		1 9	94	8:02P M
	THE CALL PURCH PARKETS	5. SEX	6. AGE (In)	yrs. last birthday)	MONTHS	DAY#	IF UNDER 24 HRS.	7. DATE O (Month,	Day, Year)		8. BIRTI Count	HPLACE (State or Foreign
	217-66-8205	YRS.				3-3	-195	6	Mar	yland		
œ	9a. FACILITY NAME (If not institution, give s				OR LOCATION OF D			9c. COL	INTY OF C	DEATH		
DIRECTOR	JOHNS HOPKINS		BA	YP.T.T	MORE C	LTY						
E I	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.									10d, INSIDE CITY		
H	Md.			Bal	+ in	nore						LIMITS?
	10e. STREET AND NUMBER			Das	CIN		ZIP CODE			10a CIT	IZEN OF 1	WHAT COUNTRY?
ER/	1214 N. Luzerne	Avenue	2				21213				USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U		13.		ENDENT OF HISPA	NIC ORIGIN?	(Specify Yea	or No-		
	1 Never Married 2 Married	FORCES? 1				tt yes, sp	2 NO Speci	an, Puarlo Ri	can, etc.)		Blac Spec	E — American Indian, k, White, etc.
ВУ	3 Wildowed 4 Olvorced						73	.,.			0,000	Black
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade	CATION completed)	16	Sa. DECEOENT'S	USUAL C	OCCUPATIO	ON st of working	16b.	KIND OF BUS	INESS/IN	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of a life. Do NOT us								
MP	9 th			Unemp]	Loye	ed						
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA			Surname)		
BE	James Edward							y Hil				
6	19a. INFORMANT'S NAME (Type/Print)						nd Number or Rural					01010
	Charles D. Bro	own		11214	N.	Luz	erne A	ve. E	alto	., 1	1d.	21213
i	20a. METHOD OF DISPOSITION 1 Method 2 Cremation 3 Rame	oval from State	cemete	ACE AND DATE or or or or or or or or or or or or or	ther place)		OATE			City or To	
	4 Donation 5 Other (Specify)	THOSE	Mt	. Zior					Lan	dsdc	owne	,Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ensec 0	0		22.	. NAME AN	D AOORESS OF FA	De	rric	k C.	. Jo	nes F.H.
	lencel	C.	Jon	10				Heigh	ts A	ve.	Bal	to., Md.15
	23. PART I. Enter the diseases, or of shock, or heart failure.	omplications the	caused th	ne daath. Do r	ot enta	r tha mo	da of dylng, aud	ch as cardi	ac or respi	ratory ar	rest,	Approximata
ļ	IMMEDIATE CAUSE (Final	Clat Only Ona Cat	isa on eaci	ı ıına.								Onset and Death
	diament on annualities	. COMBINE	DRUG	INTOXICA	TION							
1				ONSEQUENCE OF								
z	Sequentially list conditions.	b										
Ĕ	if any, leading to immediate	DUE TO	(OR AS A CO	ONSEQUENCE OF	ን:							
2	cause. Enter UNDERLYING CAUSE (Disease or injury											
Ë	that initiated events resulting in death) LAST	DUE TO	(OR AS A CO	ONSEQUENCE OF	F):							
CERTIFICATION		d										
	PART ii. Other aignificant condition	s contributing to	death but	not resulting i	in the u	nderiying	cause givan in	Part i.	24a. WAS AN		24b	WERE AUTOPSY FINDINGS
EDICAL								1	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
								_	X res 2	□ NO		OF DEATH?
Σ.	DID TOBACCO USE CONTE	RIBUTE TO CA	USE OF	DEATH YE	sП	NO F	LINCERTAL	NΠ				1 YES 2 NO
<u> </u>	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
PHYSICIAN:	EXAMINER?	HOSPITAL:	VER/Outpatie	ent 3 🗆 DOA	OTHE 4 Nu		s 5 🗆 Rasidenca	8 Other	(Specify)			
¥∥	27. MANNER OF OEATH	28s. DATE OF	INJURY	28b, TIM	E OF	28c. INJ	JRY AT		RIBE HOW II	JURY OC	CURED	-
84 P	1 Netural 5 Pending	FOUND:		FOUND 7:30		1 🗌 Y	RK? ES 2XX NO	SUBJECT	100K	DRUGS		
	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE O	F INJURY -	At home, term, s		tory, office	,				r or Aural I	Route Number ZERN AVENUE
	4 Homicide detarmined	bunding,	atc. (Specify)	ND: RESID	ENCE				ORE, M.			ZERN AVENUE
ו ב	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of				time data	and place, and due					
COMPLETED	(Check only one) 2 MEDICAL EXAMINE											and manner as stated
- 17	296. SIGNATURE AND TITLE OF CERTIFIER											
ᇤ	7/1	1. K.		\			29c. LICENSE NU					(Month, Day, Year)
၉ 🖟	30. NAME AND AGORESS OF PERSON WHO	O COMPLETEO CAUS	OF DEATH	((ITEM 27) /500-	Prints		O.C.N	1 . E .		F	AUG	22/94
	-11/20 1-1	A. KA. il	Rus	lathann	C+-	200+	D-14-5	m ~ ~ =	34-			21201
	31. DATE FILED (Mogth, Peyal PAO)	32. REGISTRA	R'S SIGNATI	Penn	Str	eet	, Balti	unore	, Ma	гута	and	21201
	31. DATE FILED (MODIF) 5071994	′		-								

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)	Bertholdt			2. DATE OF DE		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER Z 1 4 - 30 - 65 99. FACILITY NAME (If not institution, give	1 D M 2 XF	59 YRS. MONTHS			7/1935	BIRTHPLACE (State or Foreign Country) Maryland
			Baltimore (9c. COUNT	Y OF DEATH
Johns Hopkins 1 RESIDENCE OF DECEDENT 100. STATE Maryland Maryland	Baltimore	10c. CITY, TOWN		emere		16d. INSIDE CITY LIMITS? 1 TYES 2 X NO
10a. STREET AND NUMBER 3103 Lynch Roc 11. MARITAL STATUS	ad		101. ZIP CODE	21219		n of what country?
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X NO	If yes, specify Cuben, Mexi 1 YES 2 NO Specific NO Sp	can, Puerto Rican,	ecify Yes or No- 1	4. RACE — American Indien, Black, Whita, etc. Specify: White
15. DECEDENT'S EDI (Specify only highest grad	e completed)	6a. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	a during most of working	16b. KIND	OF BUSINESS/INDU	
Elementary/Secondary (0-12) 10th Grade	College (1-4 or 5+)	Homer			Own Home	
10th Grade 17. FATHER'S NAME (First, Middle, Last)				NAME (First, Middle,		
William L. Same		I 401 WALL DIG ADDOC		P. Fel		
2 James S. Bertho	aldt Sn		ss (Street and Number or Run 1Ch Road Ed			
20a METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem	20b P	LACE AND DATE OF DISPI	SITION (Name of	OATE	20c LOCATION - CH	by or Town State
4 Donetion 5 Other (Specify)		ory, cromatory or other place Oak Lawn C	metery 8/	24/94	Baltim	ore. Maryland
21. SIGNATURE OF PUNEAU SERVICE L	Genser	2:	. NAME AND ADDRESS OF	FACILITY		Dundalk, Inc. aruland 21222
immediate Cause (Finsi disease or condition resulting in desth)	s. Pneuv DUE TO (OR AS A C	ONIA	er the mode of dying, at	ich es cerdisc (or reepiratory erree	Approximete interval Between Onset and Deat 2 W
Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):				3 mont
	d					1
PART (i. Other significent conditions)	to death but	not resulting in the	anderlying cause given		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	Check only one)		
EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outpet	lent 3 DOA 4 N	ER: uraing Home 5 - Residence	8 Other (Spe	city)	
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		MU/	28c. INJURY AT WORK? 1 YES 2 NO	28d, DESCRIB	E HOW INJURY OCCU	REO
3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY — building, etc. (Specify	- At home, term, street, fa	ctory, office	28t. LOCATION City or Tox	I (Street and Number or rn, State)	Rural Route Number,
S one)	SICIAN: To the beat of my knowled					
29b. SIGNATURE AND TITLE OF CERTIFIE	Ph.	91,7	29c. LICENSE N	UMBER	29d. DATE	SIGNED (Month, Day, Year)

Hopkin Bay vian Hospiel

30. NAME AND ADDRESS OF PERSON WHO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILEO (MONTH) Day, 1001) 32. REGISTRAR SIGNATURE RANGE

Michael M. Wang

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

MARYLAND

10g. CITIZEN OF WHAT COUNTRY?

USA.

9c. COUNTY OF DEATH

3. TIME OF DEATN

10d. INSIDE CITY LIMITS?

1 X YES 2 NO

OHMN-15 Rev 1/89

7:10 F

REG. NO.

2. DATE OF DEATH DAY

7. DATE OF BIRTH (Month, Day, Year) 5-8-1944

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

217-40-7967

10a. STATE

MARYLAND

10a. STREET AND NUMBER

DIRECTOR

UNERAL

1. DECEDENT'S NAME (First, Middle, Last)

= DWARD

9e. FACILITY NAME (If not institution, give street and number)

10b. COUNTY

246 NORTH FULTON AVENUE

BON SECOURS HOSPITAL

5. SEX

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BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	13. WAS DECENDENT OF NISPAN If yes, specify Cuben, Mexica 1 YES 2 X NO Specify		14. RACE — American Indian, Black, White, etc. Specify: BLACK			
TED	15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S USUAL (Give kind of work do	ne during most of working	16b. KIND OF BUSINESS/IND	USTRY			
COMPLETED	9th GRADE	College (1-4 or 5+)	ille. Do NOT use retire NURSING	ASSISTANT	NURSING	HOME			
_	17. FATHER'S NAME (First, Middle, Lest) EDWARD	BYRD			ME (First, Middle, Malden Surname)				
BE	19e. INFORMANT'S NAME (Type/Print)	BIKE		WILLET ESS (Street and Number or Rural I	TE YOUNG Route Number, City or Town, State, Zip				
2	WILLETTE BY	RD			, BALTIMORE, MI				
	20e. METHOD OF DISPOSITION 1)(Burlel 2 Cremation 3 Real 4 Donation 5 Other (Specify)		D. PLACE AND DATE OF DISI netery, crematory or other pla T . ZION CEN	POSITION (Name of	DATE 20c. LOCATION - 0 8-26-94 BALTIMOR	City or Town, State			
	21. SIGNATURE OF NUMERAL SERVICE			22. NAME AND ADDRESS OF FA	'N JR. FUNERAL	HOME, P.A.			
	I PART I. Eritey the diseases, or shock, or heart feilure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Diator	d the death. Do not enter ine.	tar the mode of dying, suc	ORE ST BALTII	MORE. MD. 212 est, Approximate Intervel Betwoen the Consection of Consec			
CERTIFICATION	DUE TO OR AS A CONSEDUENCE OF):								
MEDICAL	PART II) Other significent condition	ons contributing to death the contributing to death the contributing to death the contribution the contribution to death the contribution to death the contribution to death the contribution to death the contribution the contribution to death the contribution to death the contribution to death the contribution to death the contribution the contribution to death the contribution to death the contribution the contribution the contribution the contribution the contribution the contribution the contribution the contribution the contribut	out not resulting in the	en viele tod	PERFORMED? 1 VES 2 IND	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NHD	HOSPITAL:		26. PLACE OF DEATN (Ch					
РНУ	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	Nursing Nome 5 Residence 28c. INJURY AT WORK?	28d. DEŞCRIBE NOW INJURY OCC	CURED			
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	25e. PLACE OF INJURY	Y — At home, farm, street,	1 YES 2 NO	261. LOCATION (Street and Number City or Town, State)	or Rural Route Number,			
	29e. CERTIFIER	SICIAN: To the heat of my know	riedge, death occurred at ti	he time, date end place, and due	to the cause(s) end manner as stat	ed.			
OMPLE	(Check only CENTIFYING PHY			ny opinion, death occured at the	time, date end place, and due to th	e ceuse(e) end manner ee state			
TO BE COMPLET	(Check only CENTIFYING PHY	ER	on and/or investigation, in n	26c. LICENSE NUM		e ceuse(e) end manner ee state geanen (Munth, Day, Shart) HUG, 23 190			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

10c. CITY, TOWN DR LOCATION

DAYS

IF UNDER 24 HRS.

BALTIMORE CITY

BALTIMORE CITY

21223

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

10f. ZIP CODE

BYRD

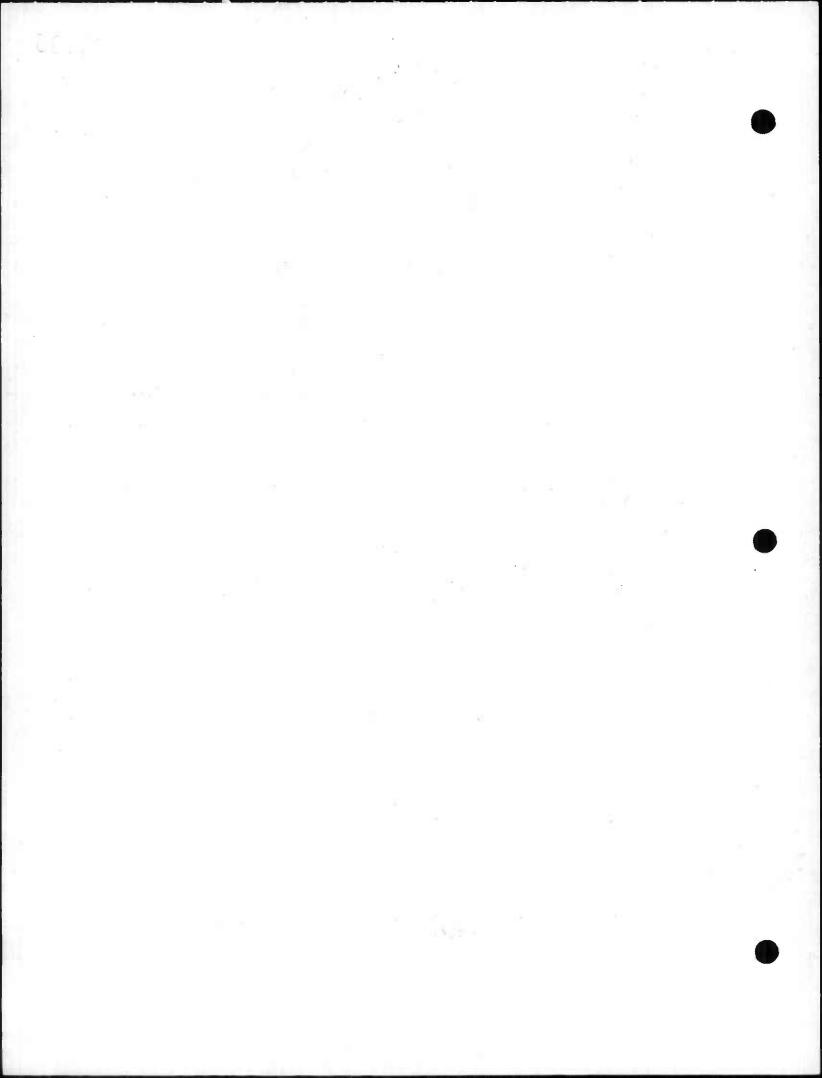
6. AGE (In yrs. last birthday)

50

YRS.

TO THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an hours after death. Page 6 may be retained by the hospital than the property of the second of the property of the pro	TO THE PLACE CONTROL After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	The man was a few more than the state begin, or regain and wenter provide outland, created to removal. IMPORTANT A few 22 is marked, or frem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE OF MARYLAND / CE	DEPARTME	NT OF H	EALTH AND	MENTA	L HYGIEN	E		
L DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last) James O. Bryant	TR.			2. DATE	OF DEATH	Y	YEAR 1.5 P M	
	4. SOCIAL SECURITY NUMBER 5. SEX (6. AGE (In yrs. less 2) + 447 568 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	t birthday) IF UN YRS. MONTH	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTH th, Day, Year) -1945		8. BIRTHPLACE (State or Foreign Country) MARYLAND	
	Sa. FACILITY NAME (If not institution, give street and number) So. CITY, TOWN OR LOCATION OF DEATH Bon Secounty of Death Ballimore City								
	10a. STATE 10b. COUNTY	10c. CITY, TOW	N OR LOCAT	ION	- /			10d. INSIDE CITY LIMITS?	
	MARYLAND 10- STREET AND NUMBER	BA		RE CITY			10a CIT	1 ∑ YES 2 ☐ NO	
FUNERAL	1403 LEMMON STREET			21223			log. on	USA.	
BY FUN	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES	MED	If yes, sp	ENDENT OF HISPAI acity Cuben, Maxica 2 NO Specifi	in, Puerto		or No	14. RACE — American Indian, Black, White, etc. Specify:	
TED	(Specify only highest grade completed) (Gi	CEDENT'S USUAL	ne durina mo	ON st of working	164	. KIND OF BUS	INESS/INI	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +) 12th GRADE	LANDS			G	REEN M	ANOR	TURF FARM	
	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First,	Middle, Malden	Sumame)		
BE	JAMES OTIS BRYANT SR. 19e. INFORMANT'S NAME (Type/Print) 192	b. MAILING ADDR	ESS (Street a	THELMA		aber, City or Town	HIN		
5								LAND 21223	
	20s. METHOD OF DISPOSITION 1 X Burist 2 Cremation 3 Removal from State 20b. PLACE AND DATE Of DISPOSITION (Name of Cemetery, cremetory or other place) 1 DATE Condition - City or Town, State 20c. LOCATION - City or Town, State								
	22. NAME AND ADDRESS OF FACILITY								
	JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST., BALTIMORE, MD. 21223								
	23. PART Thier the diseases, or complications that caused the deshock, or heart feiture. List only one cause on each fine the disease or condition resulting in death) a.	ath. Do not an	ier tha mo	da of dying, suc	h as car	diac or respi	ratory ar	rest, Approximata interval Between Onset and Death	
PHYSICIAN: MEDICAL CERTIFICATION	Sequantially list conditions, if any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Land Sage It IV alisease DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.								
	PART II. Other significant conditions contributing to death but not r	reaulting in tha	undariyin	g cause givan in	Part I,	24a. WAS AN PERFOR 1 TYES 2	MED?	24b, WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
W	DID TOBACCO USE CONTRIBUTE TO CAUS	SE OF DE	ATH Y	ES NO				t 🗌 YES 2 🗎 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
S	1 YES 2 NO 1 Finpetient 2 ER/Outpetient 3 27. MANNER OF DEATH 28e, DATE OF INJURY			e 5 🗆 Realdence		SCRIBE HOW II	JURY OC	CURED	
Ξ		(Month, Day, Year) WORK? M 1 YES 2 NO							
		INJURY M							
ED BY PHY	1 Natural 5 Pending (Month, Day, Year)	М	1 🗆 1	ES 2 NO	281. LOC City	CATION (Street a or Town, State)	nd Numbe	r or Rural Route Number,	
Æ	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At hot building, etc. (Specify)	me, farm, street, t	factory, offic	ES 2 NO	City	or Town, State)	ner an ste	ted.	
COMPLETED BY	1 Netural 5 Pending Investigation 3 Suicide 8 Could not be daterminad 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basele of axamination and/or I	me, farm, street, t	factory, offic	ES 2 NO	to the ca	or Town, State)	ner aa sta d due to ti	ted.	
DED BY	1 Netural 5 Pending Investigation 3 Suicide 8 Could not be daterminad 28e. PLACE OF INJURY — At hos building, etc. (Specify) 2 MEDICAL EXAMINER: On the basel of axamination and/or I 29b. SIGNATURE AND TITLE OF DERTIFIER Maccon Macco	me, farm, street, in the street occurred at the investigation, in m	factory, offic	res 2 No	to the ca	or Town, State)	ner aa sta d due to ti	ted. he ceuse(a) and manner ea stated.	
BE COMPLETED BY	1 Netural 5 Pending Investigation 3 Suicide 8 Could not be daterminad 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basele of axamination and/or I	me, farm, street, in the street occurred at the investigation, in m	factory, offic	res 2 No	to the ca	or Town, State)	ner aa sta d due to ti	ted. he ceuse(a) and manner ea stated.	



retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 rs after death. Page 6 may be of the funeral director, page fremoval.

funeral director, page 5 should be detached for

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DIRECTOR:

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31. DATE FILED (Month, Day, Year)

25 1994

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32. REGISTRAR'S SIGNATURE

Frederick Rd # 200

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use as the burial-transit permit. Pages 1, 2, 3 should

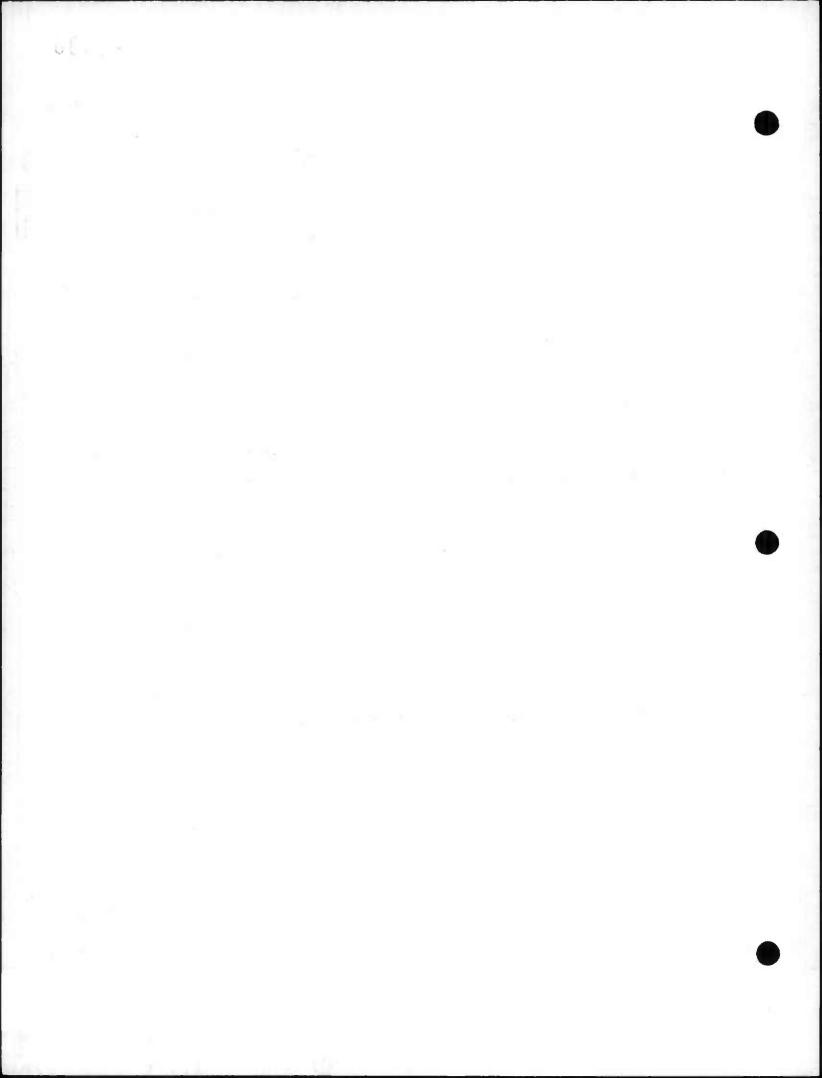
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR MARY LOUISE BEVERUNGEN 08 6:30 A. М 94 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 213-32-1591 1 M 2 X F 57 12-19-36 MARYLAND 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1552 LANGFORD ROAD CATONSVILLE BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE CATONSVILLE 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1552 LANGFORD ROAD 21207 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, stc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 TES 2 NO Specify: Specify: WHITE BY 3 Widowed 4 N Divorced ETED. 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig Elementary/Secondary (0-12) College (1-4 or 5+) COMPL SALESPERSON 12 UNIFORM RENTAL SERVICE 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 듍 RICHARD FRETER CATHERINE HOLZNER BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 4802 WESTLAND BLVD."B" BALTIMORE, MARYLAND RICHARD FRETER (BROTHER) 21227 be 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must Burlal 2 Cremation 3 R MEADOWRIDGE CEMETERY 08-26-94 DORSEY, MARYLAND SIGNATURE OF EMBERAL SERVICE LICENSE examiner 22. NAME AND ADDRESS OF FACILITY anser LEROY M & RUSSELL C WITZKE FUNERAL HOMES 1630 FOMONDSON AVENUE CATIONSVILLE MARYLAND medical 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line interval Between Onset and Dasth IMMEDIATE CAUSE (Final the disease or condition resulting in death) Non Small Cell Lung Cancer with metastases event, DUE TO (OR AS A CONSEQUENCE OF): Smoking
DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? MEDICAL any 1 TES 2 NO Shows 1 TYES 2 TNO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item **EXAMINER?** OTHER: 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 26a, DATE OF INJURY 26b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation м 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 6 Could not be LETED 200 4 Homicide ma 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, end due to the cause(a) end manner as stated. College Party MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(a) end manner as stated. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year 29c. LICENSE NUMBER LL. Salisma MD D40048 -23-9 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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MD



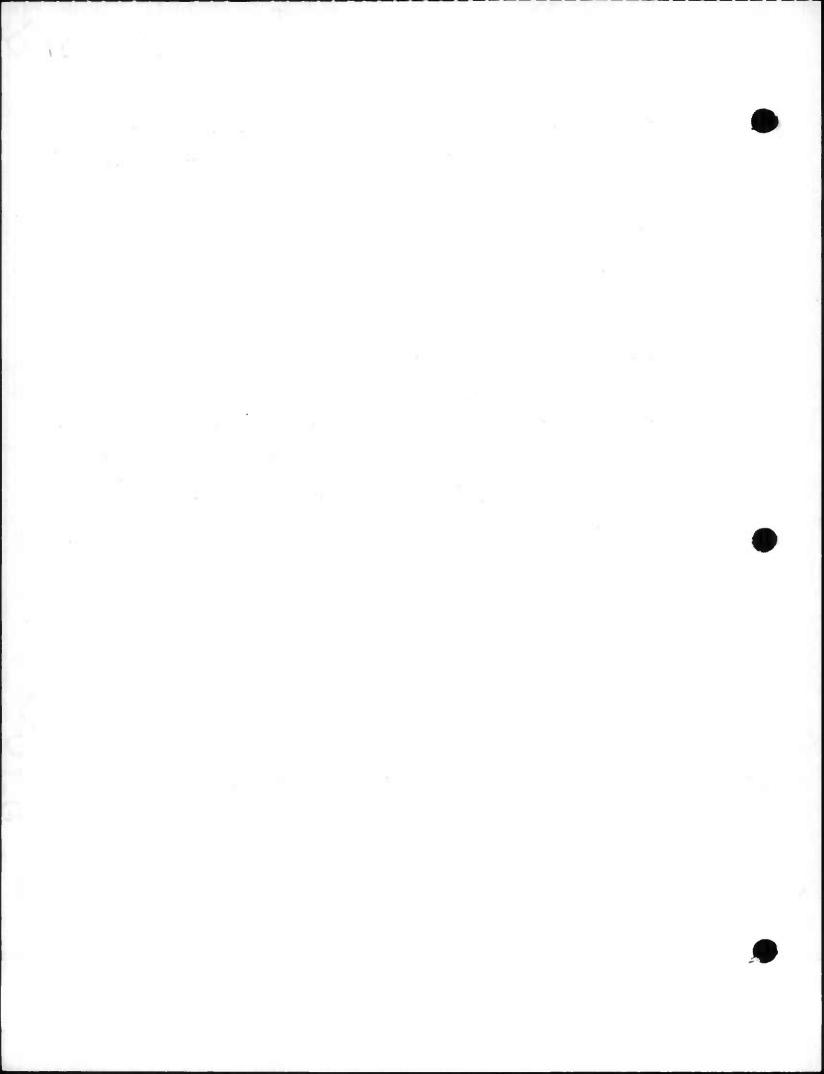
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and the signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should itam 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. The law requires that the death certificate be executed with TO THE HOSPITAL OR ATTENY IG TO THE FUNERAL DIRECTOR: ATTEN DE filed within 72 hours after IMPORTANT: If item 28 is

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
AE (First, Middle, Last)		2. DATE O	F DEATH
т	D - in in a d d	MONTH	DAY

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIFI	TMENT OF H	EALTH AND N		YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	(First, Middle, Last) 2. DATE OF DEATH 3.								
	Minerva I.	Bennett			Aug.	20, 199	YEAR	7:10	PM	
- 9	4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE (III	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	RTH		LACE (State or Fore	
	414 38 7163	□ M 2 🖾 F 7 3	YRS.	MONTHS DAYS	HOURS MIN.	9 / 2 6 /		Country)	akota	
	9s. FACILITY NAME (If not Institution, give street	it and number)		9b. CITY, TOWN (OR LOCATION OF DE			TY OF DEA		
DIRECTOR	727 W. Old Libe			Sykesv			20112	rol		
E I	10s. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT	TION			1	IOd. INSIDE CITY	
	Md. Carro	11		Sykes	ville			1	LIMITS?	0
FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE	-	10g. CITIZ		IAT COUNTRY?	
ER	727 W. Old Li	herty Roa	d		2178	2 /1	11	S.A.		
S		2. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN			14. RACE -	- American Indian	
	1 Never Married 2 X Married	FORCES? 1 YES		If yes, sp	ecify Cuben, Mexicen 2/12-NO Specify:	, Puerto Ricen,		Black, Specify:	White, stc.	`
ВУ	3 Widowed 4 Divorced				XX absorb			Whi		
	15. DECEDENT'S EDUCAT (Specify only highest grade col	TON moleted)	18s. DECEDENT'S U	JSUAL OCCUPATION	ON el of working	16b. KIND	OF BUSINESS/INO			
91		College (1-4 or 5+)	life. Do NOT use	retired.)	si or working					
N N	H.S. +6		Teache	r		Pub	lic Sch	1001	S	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	NE (First, Middle	, Maiden Surname)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
BE (Ro	bert Reyn	olds		R	Rache1	Pray			
10	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural A			Code)	21707	
۴	Charles O. Benn	ett	727 W	. 01d	Liberty	Rd.	Sykesvi	11e	21784 • Md.	1
	20a. METHOD OF DISPOSITION 1 ☐ Burlal XIXCremetion 3 ☐ Remove		PLACE AND DATEO	F DISPOSITION (Ne			20c. LOCATION — C		- Card	
	4 Donation 5 Other (Specify)	001110	rroll C	remati	on Serv	ice 8	126/94	Ham	JMd	•
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE			D ADDRESS OF FAC	HLITY				
1	> Horan TI	Hught		D 0	D 105		ight Fu			
	23. PART i. Enter the diseeses, or con	notications that caused	the death. Do no	P. U.	Box 195	Syke	sville,	Md		
ĺ	shock, or heert failure. Lis	t only one cause on ea	ch line.				or respiratory arre	iat,	Approximate interval Bet	
ŀ	iMMEDIATE CAUSE (Finel disease or condition	18		19	P	.0			Onset and I	Death
ļ	reaulting in deeth) a. thon is a land								7 7 60	141
	IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth) a. Chron ci Pen of Failure Due to (OR AS A CONSEQUENCE OF) District. Mey has cleroser 10 grass									
O	Sequentielly flat conditions, b	DUE TO (OR AS A	CONSEQUENCE OF	legino	10 aroug				1090	are y
AT	out to (or as a consequence of): fi any, leeding to immediate cause. Enter UNDERLYING									
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Ē	resulting in death) LAST	-	onoceochoc or,	•					İ	
CERTIFICATION	d								1	
A P	PART II. Other significant conditions	ontributing to death bu	t not resulting in	the underlying	ceuse given in F	Pert i. 24s.	WAS AN AUTOPSY PERFORMED?		VERE AUTOPSY FING	
용	arterwilente. 6	eart // yea	u				YES 2 LNO	C	OMPLETION OF CAU OF DEATH?	
Ä	Sacril den	eletus							YES, 2 NO	
7	DID TOBACCO USE CONTRIB	SUTE TO CAUSE OF	DEATH YES	S □ NO P	UNCERTAIN				n/A	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		6. PLACE OF DEATH							
SI		OSPITAL:	tient 3 DOA	OTHER:	5 Analdence	R Other (Soo	cifu)			
Ŧ	27. MANNER OF OEATH	26s. DATE OF INJURY	26b. TIME	OF 2ac. INJ	URY AT		E HOW INJURY OCC	URED		-
	1 Natural 5 Pending	(Month, Day, Year)	INJU		RK?					- 1
BY	2 Accident Investigation 3 Suicide & Could not be	28s. PLACE OF INJURY -	- At home, farm, st			28f. LOCATION	(Street and Number of	or Rural Rou	ita Number	\dashv
	4 Homicide 6 Could not be	building, stc. (Specify	y)				n, State)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 1
29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.										\rightarrow
₽ B										
COMPLETED	2 MEDICAL EXAMINER: (the been of stamination	enviror investigation	, in my opinion, d	with occured at the t	ime, data and p	paca, and due to the	cause(s) s	and manner as stat	ed.
BE	296. SIGNATURE AND TITLE OF CENTRER	ul			29c. LICENSE NUM	BER	29d. DATE	SIGNED (N	fonth Day, Year)	
2	100	all Ley	MAD		1100	1712		1 72	194	
	30. NAME AND ADDRESS OF PERSON WHO C	DMPLETED PAUSE OF DEAT	TH (ITEM 27) (Type, I	Print /						
	// [Medun	MA	1110						
	AUG 2.5 1994	#2. REGISTRANS SIGNAT	TURE							



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S. Contract	R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Thours after death. Page 6 may be retained by the hospital or attending physician.	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	8	52	3

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	CATE OF	DEATH	REC	3. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE.	ATH DAY	YEAR	3. TIME OF DEATH	
	Raquel Diana	Buckmeie	r		== 1	Aug.		1994	1:15 P M	
		SEX 6. AGE (h	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	тн	6. BIRT	HPLACE (State or Foreign	
1	218-72-8212	□ M 2 XXF 38	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, 1	0,1956	Mar	yland	
	9a. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOWN	OR LOCATION OF DE			UNTY OF E	•	
S S	7 Bourbon Ct.			Balt	imore			Ralt-	imore	
5	RESIDENCE OF DECEDENT							Daic	Imore	
DIRECTOR	Manual and Date	,	10c. CITY	TOWN OR LOCAT					10d. INSIDE CITY LIMITS?	
0	Maryland Balti	more		Balti					1 TES 2 X NO	
ZA!	10e. STREET AND NUMBER			101	. ZIP CODE				WHAT COUNTRY?	
FUNERAL	7 Bourbon Ct.				21236		Ţ	J.S.A		
5	11. MARITAL STATUS 12 1 Never Married 2 Merried	. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS OED	ENDENT OF HISPAN	IIC ORIGIN? (Spec	cify Yas or No-	14. RAC Blac	E American Indian, ik, White, atc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specify			Spec	effv:	
	15. DECEDENT'S EQUICATI	100		1					White	
	(Specify only highest grade con	npleted)	16a. DECEDENT'S ! (Give kind of w life. Do NOT use	ork done during mo	on st of working	16b. KIND	OF BUSINESS/II	IDUSTRY		
2	Elementary/Secondery (0-12)	College (1-4 or 5+) N/A	Secre			Sun	Paper			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	N/A	DECLE	Lary	16. MOTHER'S NAI					
Ö	Robert E. Diaz					aret Cl.				
B	19a. INFORMANT'S NAME (Type/Print)		19h MAII ING	Annerse (Street a	and Number or Rural F			No Contain		
2	Douglas R. Buckmei	er (husband			t., Balt					
	20a, METHOD OF DISPOSITION	20h	PLACE AND DATE O				Oc. LOCATION -		own State	
	1 🛱 Buriel 2 🗆 Cremetion 3 🗆 Removal 4 🗆 Donation 5 🗆 Other (Specify)		tery, crematory ocoti arkwood						Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENS		Λ		D ADDRESS OF FAC		Dar C Inc	10,	ilaryrand	
	M Toland	1- NANIA	11 .		unek Fun					
-	22 PART i Enter the diseases of an	ACCUACY/	1/	9705	Belair R	d., Bal	timore	Md.		
	23. PART i. Entar tha diseasas, or com ahock, or haart failure. List	only one cause on ea	on line.	ot anter tha mo	de of dying, such	n as cardiac pr	raapiratory a	rrest,	Approximata Interval Batween	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) ■ BREAST CAN CER 3 NS									
ł	resulting in death)	DNOHOL		AN CID					3 WS	
_		DUE TO (OR AS A	CONSEQUENCE OF):						
EDICAL CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
Ă	if any, leading to immediata cause. Entar UNDERLYING	,		,						
필	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF);					-	
F	resulting in death) LAST									
8	DART II OIL III III									
A	PART ii. Other significant conditions of		1 0 -		cause given in	Part i. 24a. W	ERFORMED?	7 24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ă	METASTASE	W TO	DKHT	N, LI	JNDI	_ 1 -	YES 2/10		COMPLETION OF CAUSE OF DEATH?	
¥ I	LIVE								1 TES 2 NO	
ž	DID TOBACCO USE CONTRIB				UNCERTAIN	1 🗆				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL;	6. PLACE OF DEAT	OTHER:						
YS		☐ Inpetlant 2 ☐ ER/Outpe		4 - Nursing Hom	_	8 Other (Special	fy)			
	27. MANNER OF DEATH Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	IRY WO	RK?	28d. DEŞCRIBE	O YAULNI WOH	CCURED		
B	2 Accident Investigation				ES 2 NO					
	3 Suicida 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY - building, atc. (Specif	At homa, ferm, at y)	reet, fectory, offic	'	28f. LOCATION (City or Town,		er or Rural I	Route Number,	
COMPLETED						<u></u>				
를		: To the best of my knowle								
Įģ 📗	2 MEDICAL EXAMINER O	n the basis of examination	and/or investigation	, in my opinion, d	eath occured at the	time, data and pla	aca, end due to	the cause(e) and manner as stated.	
BE	296. SCHATURE AND THE BE CERTIFIER				29c. LICENSE NUM	BER	29d. DA	TE SIONED	(Month, Day, Year)	
	X	Mn			1316	06	•	2/19	3/94	
2	30. NAME AND ADDRESS OF PERSON WHO O								1	
	Dr. Samuel Zygler	, 21 Crossr	oads Dri	ve., 0w	ings Mil	ls, Mar	yland			
40	31 DATE EN ED (Month Day Year)	32 ASCUSTRAD'S CICNA	rbet/							
	AUG 25 1994	32 HEGISTALE FONA	Tally .						- 1	

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F VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	ISICIAN: The law requires that the death certificate be executed within: Just after death. Page 6 may be retained by the hospital or attending physician.	this perificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL CHECKEN AND THE CERTIficate has been signed by the attending physician and completely i	be filed within it has the best will the State Dept. of Health and Mental Hygiene prior to burial, crematite	IMPORTANTS IN THE 23 INCREMENTS OF ITEM 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR		STATE OF N	MARYLAND /		RTMENT					YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, BENJAMIN	, Middle, Lest)	D.	CAR						2. DATE OF I MONTH 08			YEAR 94	3. TIME OF DEATH 10:38 A. 1
	4. SOCIAL SECURITY NUME 213-04-233	34	5. SEX 1 🔀 M 2 🗆 F	6. AGE (In yrs. la.	st birthday) YRS.	IF UNDER 1	DAYS	IF UNDER	MIN.	7. DATE OF E (Month, Det 02-1	y, Ybar)		8. BIRTI	HPLACE (State or Foreign ry) MARYLAND
TOR	9a. FACILITY NAME (If not in 1207 ALLVI RESIDENCE OF DEC	EW DR				9b. CITY,		AMPS'		EATH			ARRO	
DIRECTOR	MARYLAND	10b. COUNT	ARROLL		10c. CIT	TY, TOWN OF		TON PSTE	AD			10d. INSIDE CITY LIMITS? 1 \(\text{YES} 2 \text{X}\)		
FUNERAL	100. STREET AND NUMBER 1207 ALLVI		IVE				101	ZIP COD	2107	4		10g. CIT	U.S	what country?
ВХ	11. MARITAL STATUS 11. Never Married 2 3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	☐ YES 2 💢		H	yes, sp		n, Mexica	HC ORIGIN? (S in, Puerlo Ricer y:		or No—	14. RAC Blac Spec	E — American Indian, k, White, atc.
APLETED	15, DEC (Specify onl Elementary/Secondary (C	EDENT'S EDI y highest grad 0-12)	UCATION le completed) College (1-4 or 5 d	+) (G	ECEDENT'S Give kind of a. Do NOT L		CUPATH uring mo	ON let of worki	ng	16b. KIN	ID OF BUS	INESS/INC	DUSTRY	
E COMPL	17. FATHER'S NAME (First, M EDWARD CAR									ME (First, Middl N FREU		Surname)		
TO B	19a. INFORMANT'S NAME (1 ROSEANN CA	,,	(MOTHER)							MPSTEA				21074
	20s. METHOD OF DISPOSITION 150 Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of committery, crematory or other place) GOOD SHEPHERD CEMETERY 08/26/94 21. SIGNATURE OF PUNITAL BURING LICENSES.													
	21. SIGNATURE OF PUMERAL EDITINGE LICENSEE					22. NAME AND ADDRESS OF FACILITY LEROY M & RUSSELL C WITZKE FUNERAL HOMES 1630 FDMONDSON AVENUE CATONSVILLE MARYLAND								
CERTIFICATION	shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST List only one cause on each line. Interval Between Onset and Death NYELOGENOUS LEUKEMIA RELAPSE 1/2 YRS DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
MEDICAL	PERFORMED? AMAILABLE PRIOR TO									COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN:	25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER 4 Nurs	t:	-/	/	6 Other (Sp	nec/h/l			
Y PHY	27. MANNER OF DEATH 1 Natural 5 2 Accident	Pending Investigation	28a. DATE OF (Month, E	28b. Th	_	28c. IN.	JURY AT ORK? YES 2 [28d. DESCRI		NJURY OC	CURED		
100	3 Suicide s Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							Route Number,						
COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.													
TO BE	296 OFFICE AND TITLE	30	Such	lym	D			29c LIO	O E	MBER 126	>	29d. DAT	8 7	Month, Day, Year)
	30. NAME AND ADDRESS OF UTH 31. DATE PILED (Month, Day,	E	LU DD	AR'S SIGNATURE	EM 27) (Typ	SIL	UA	1 .	Hos	PITH		BAC	TO.	MD 21219
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	ERTIFICATE	OF DEAT	Ή		REG. NO.

	1 - FOR STATE 0	F MARYLANI) / DEPAR					MENTA	AL HYGIEN				
J)	1. DECEOENT'S NAME (First, Middle, Last) Mary Katherine Coop	oer							e of DEATH	AY 1 O	YEAR	3. TIME OF DEA	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR							7. DATE	G • ZI E OF BIRTH hth, Day, Year)	199		9:20 P	
	215-12-2994 1 M 2 M F 75 YRS.						MIN.	Aug	. 8, 1		Mar	yland	
NO B	98. FACILITY NAME (If not institution, give street and number) Stella Maris Baltimore Baltimore												
ECT	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c. CITY. TOWN DR LOCATION										- 1	10d. INSIDE CIT	ν
FUNERAL DIRECTOR	Maryland	I	Baltimore						LIMITS?				
RAL	100. STREET AND NUMBER 2820 Pelham Avenue				10f	ZIP CODE						VHAT COUNTRY?	
ONE	11. MARITAL STATUS 12. WAS DECE	DENT EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT O	213 F HISPAN	IIC ORIGI	IN? (Specify Ye		S. A	- American Ind	llan,
BY F		1 YES 2. VE WAR OR DATES	€ ND		YES	2 X ND	n, Mexica Specify		Rican, atc.)		Speci		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a.	DECEDENT'S	USUAL O	CCUPATIO	ON st of workin	a	16	b. KINO OF BU	SINESS/IN		hite	-
COMPLETED	Elementary/Secondary (0-12) College (1-4 on / a n / a	or 5 +)	life. Do NOT u	se retired.)	ad ing mo	at or proving	8		II C	E C (
NO	17. FATHER'S NAME (First, Middle, Last)		Secre	Lary		18. MOTH	IER'S NAI	ME (First,	Middle, Malder	F & (3		
BE (Alfred Fenimore Cooper								McNul				
2	19a. INFORMANT'S NAME (Type/Print) Ruth Swope (Cousin)								nber Chy or Tow ltimor			226	
	20a, METHOO OF DISPOSITION 1 N Burlal 2 Cremation 3 Ramoval Irom State	20b.PLA	CE ANO OATE	DF DISPOS			nue			CATION -			
	4 Donation 5 Other (Specify)	Park	wood	Jemet		D ADDRES	OF EA	8/2	7 Bal	timo	re, N	Maryland	i
	· Robert A Lodo	ak 1	j.	S 3	chim	unek Breh	Fun	era. Lane	l Home , Balt	imore	e, Md	. 21213	
	23. PART I. Enter the diseases or complications shock, or heart failure. List only one	that caused the cause on each	death, Do i	not antar	ths mo	ds of dyl	ng, auct	h sa csi	rdiac or resp	iratory sr	reat,	Approxin	
											Onset an	d Dsath	
_	OUE	TO (OR AS A CON	ISEDUENCE O	F):									
TIO	Sequentially list conditions, If any, isading to immediats DUE TO (DR AS A CONSEQUENCE OF):										1		
FICA	cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated eventa	TO (OR AS A CON	ISEOUENCE O	F):								1	
CERTIFICATION	reaulting in desth) LAST												
4	PART II. Other significant conditions contributing	to death but ne	ot resulting	In ths un	derlylng	causa g	ivan in	Part i.	24s. WAS AN		24h.	WERE AUTOPSY F	
PHYSICIAN: MEDICA								_	1 TES			AVAILABLE PRIOR COMPLETION OF OF DEATH?	GAUSE
. ME			1									1 YES 2	NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL		1	-		ACE OF DE	EATH /CM	nak anly a	nej				
14Si	1 YES 2 NO 1 Nopellant	2 D ER/Outpetient	286. TIM				eldence		er (Specify)	n many dat	di umma		
BY PI		n, Dep. Mars		M	WO	RICY ES 2	NO	aya. UK	acride now	INJUNY OC	COMED		
	3 Suicide 20 Co. of Co.	CE OF NUUTY - AI	home, farm,	street, fact	ory, office				CATION (Street or Town, State		r or Russi R	coute Mumbles	
COMPLETED	29e. CERTIFIER CONCRETE TO CERTIFYING PHYSICIAN To the being constitution of the basis											and manner as i	etated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER					20c/Light						(Month, Day, Year)	
2	Eddie Nakhuda 2300	Pulane	RD		wso	n, N	lary	/lar	nd 212	204		,	
	AUU 25 1994 July 12 Regis	TRAR'S SIGNATUR	E										

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BALTIMORE, MARYLAND 21215-0020	by the hospital or attending physicia
MORE, MAR	death Page 6 may be retained
BALTI	with hours after death P
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	72

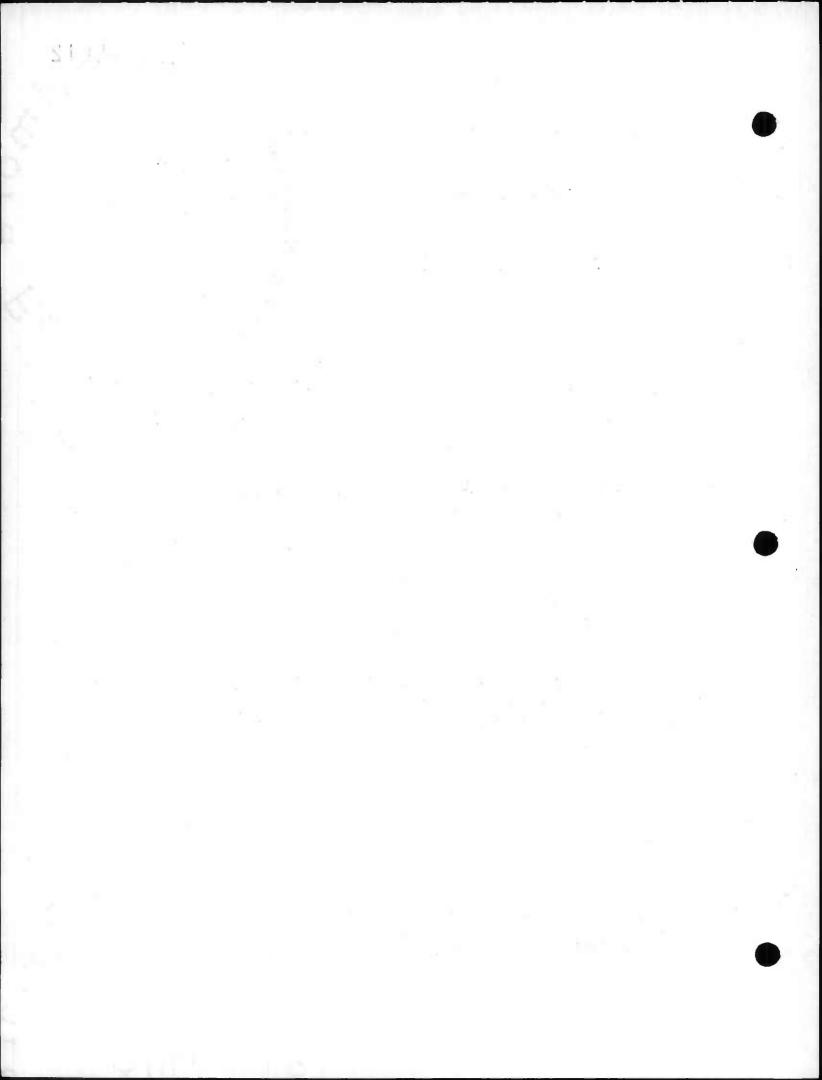
fter death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	oval.	al examiner must be notified at once.	TO BE COMBIETED BY CINEDAL SIDECTOR
TO PERFORM ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	TO HE CONTROL MECTOR: After this certificate has been signed by the attending physician and completely filled in by	be and William to hairs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MARTANE LACE 18 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	O DE COMOLETED DY DUVSICIAN: MEDICAL CEDTIFICATION

	34 24011
	1 - STATE STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.
	1. DECEDENT'S NAME (First, Middle, Last) WILLIE CULTY 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. WONTHS DAYS HOURS MIN. F UNDER 24 HRS. 7. DATE OF DEATH WONTH G. BIRTHPLACE (State or Foreign Country) F UNDER 1 YEAR HOURS MIN. MONTHS DAYS HOURS MIN. MONTHS DAYS HOURS
Œ.	98. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 106, STATE 106, COUNTY 106, CITY, TOWN OR LOCATION 107 108 INSIDE CITY
. 1	106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 106. NISSIDE CITY LIMITS? Waryland 106. CITY, TOWN OR LOCATION 106. NISSIDE CITY LIMITS? YES 2 \(\subseteq \text{NO} \text{NO} \text{TRET AND NUMBER} \)
FUNERAL	2536 Boarman Avenue 21215 USA
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, 15. Never Married 17. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— 18. RACE — American Indian, 19. Never Married 19. Never Married 19. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— 19. Never Married 19. Never Marri
ED BY	3' Widowed 4 Divorced Black
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (She kind of work done during most of working life. Do NOT use retired.)
OMPL	6 Dept. of Public Works Security GUARD
U U	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surnamy) LOWISE PArker
TO B	198, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2536 Downman Are Batte, Md. 21215
	20a, METHOD OF DISPOSITION 20b, PLACE AND DATE OF DISPOSITION (Name of OATE 20c, LOCATION — City or Town, State
	4 Doneston 5 Other (Specify) King MomPR 975/7 A MANLA 1/Stawn, ND
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY CALVIN LIWILIAMS F.S. 220 Fredhilton Page (Gray P. Mark F. P. P.) Balto. Mt.
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) e. Oue TO (OR AS A CONSCOUENCE OF):
NO	Sequentially list conditions, ONS to x0plasmosis, CMU; nfection, ESRD. Due to lor as a conscouence of:
CATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury
ERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST
CE	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS
MEDICAL	24a. WAS AN AUTOPSY PINDINGS PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY PINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	1 YES 2 NO
SICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only only
HYSIC	EXAMINER? 1 YES 2 NO TO THER: 1 OTHER: 1 OTHER: 1 NosPITAL: 1 No
ВУ РН	27. MANNER OF CEATH 28a, OATE OF INJURY 1 Natural 5 Pending 1 Paccident Investigation 28a, OATE OF INJURY 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO 28d. OESCRIBE HOW INJURY OCCUREO
ETED B	2 See PLACE OF INJURY — At home, ferm, atreet, fectory, office 3 Sulcide 8 Could not be building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, atreet, fectory, office City or fown, State)
OMPLE	29s. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIER
TO B	15 and Address of Person who completed cause of Death (ITEM 27) (Type, Print) Barry Lewis, 243,5 pb; 11 belordere Batting, MD 21215
	Barry Lewis 2435 pts: Belordere Battinge, MD 21215
	AUG 25 1994 July Marie Man's SIGNATURE

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1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First, Middle, Lest) BYRD ALEXA	NDER DE	5.5h	50	2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH
_		4. SOCIAL SECURITY NUMBER 5. SE		PRS. MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)	Coun	HPLACE (State or Foreign try)
2, 3 should	TOR 1	9a. FACILITY NAME (If not institution, give street and 529 RICHWA		-	N OR LOCATION OF DE	ATH	9c. COUNTY OF I	
ages 1.	DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LO				10d, INSIDE CITY LIMITS?
permit. Pages		10e. STREET AND NUMBER		13467	ZMOR E			1 ES 2 NO
. usit	FUNERAL	529 RICHIN	lood An	18	TOT. ZIP CODE	212		S.A.
5-0020 nding physician. ss the burial-transit	BY FUN	11. MARITAL STATUS 12. W	AS DECEDENT EVER IN U.S., ABIN PRCES? 1 TYES 2 NO YES, GIVE WAR OR DATES	O If yes,	DECENDENT OF HISPAN, specify Cuban, Mexical YES 2 NO Specify		or No— 14. RAC Blac Spec	EE — American Indian, ock, White, etc.
21 arte	윤	15. DECEDENT'S EDUCATION (Specify only highest grade complete	ed) (Gh	CEDENT'S USUAL OCCUP	ATION most of working	16b. KIND OF BUS	SINESS/INDUSTRY	127707
2 5 5 E	PLET		ge (1-4 or 5+)	Do NOT use retired.) LABOR		Badi	-6	Short
AND the hospit detached	COMPL	17. FATHER'S NAME (First, Middle, Last)		MOUR		ME (First, Middle, Maiden	Surname)	SIEEC CORD
7 5 8 .	W	JOHN FRANK	1/8341	920	MELL	EZNA -	STANDO	Feed
RE, MAR ay be retained page 5 should	TO BE	19a. INFORMANT'S NAME (Type/Print) MARTHA DES	HAZO 3	MAILING ADDRESS (Stre	et and Number or Rural F HWAM	All Ba	n, State, Zip Code)	121212
octor,	II II II II II II II II II II II II II	20a. METHOD OF DISPOSITION 1		ND DATE OF DISPOSITION matory or other place)	(Name of	BATE 200. LO	CATION — City or T	own, Stata
LTIM eath. Page funeral dire	examine	21. SIONATURE OF FUNERAL SERVICE LICENSEE	1		AND ADDRESS OF FA	CILITY BETZ	5 ZUN	ERAL Home
		falucia x	Terto	1129	7 N. CA	KOLINE -	57- BK	T. 10-3/2/3
hours af ed in by or remo	event, the meutal	23. PART I. Enter the diseases, or compile abock, or heert failure. List on IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Siddle	death.	mode of dying, auch	as cardiac or reapi	ratory arreat,	Approximete interval Between Onset and Death
6876 ecuted w nd comp burial, cr		Sequentially list conditions, b.	COMP 4	The he	art for	lin		
BOX ate be ex ysician a prior to	CATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSECU	UENCE OF):	0			
	CERTIFICATION	thet initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSECU	UENCE OF):		·		
DS the d We	5 ()	PART II. Other significent conditions conti			ying ceuse given in	Part i. 24a. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
COR signed by Health and	TEDICAL	Deep ve		und .		1 YES 2		COMPLETION OF CAUSE OF DEATH?
	2 2	DID TOBACCO USE CON			YES I NO			1 YES 2 NO
Q 9	SICIAN:	25. WAS CASE REFERRED TO MEDICAL		28	PLACE OF DEATH (Che			
F VIT	I ASI	1 YES 2 NO 1 Ir	PITAL: patient 2 ER/Outpetient 3		tome 5 D Residence			
O F is	BY PHY	1 Natural 5 Pending 2 Accident Investigation	6a. DATE OF INJURY (Month, Day, Year)	INJURY M 1 [INJURY AT WORK?	28d. DESCRIBE HOW II	NJURY OCCURED	
DIVISION CHECKE After After Accept	TED	3 Suicide 8 Could not be 4 Homicide determined	Be. PLACE OF INJURY — At hon building, etc. (Specify)	ne, farm, street, factory, o	ffica	281, LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,
DOSPINE ON		29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To one) 2 MEDICAL EXAMINER: On the						a) and menner as stated.
THE HE	BE (29b. SIGNATURE AND TITLE OF CERTIFIER	Acustr		D314		29d. DATE SIGNED	0 (Month, Day, Year)
	0	30. NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DEATH (ITEM	27) (Type, Print)	N. E	MTAIN)	5+ 5	417E 30f
			REGISTRAR'S SIGNATURE	10-1	-			
		Alla 25 1994 July 0						



Pages 1, 2, 3

permit.

for use as the burial-transit

page 5 should be detached

and completely filled in by bunal, cremation, or remo

prior to

the attending physician Mental Hygiene prior to

this certificate has been signed by with the State Dept. of Health and

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MAhmoog

3t. DATE FILED (Month, Day, Year) AUG 25 1994

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WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. HEGISTHAR'S SUPLATURELL

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	0
	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. t. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR AGNES E DAUGHTON a^M 08 1994 7:10 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. DAYS HOURS 9/10/1900 93 1 M 2 XF 212-32-4035 ST. MARY'S CO 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR GREATER BALTIMORE MED. CTR TOWSON RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND SPARKS t YES 2X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 901 E. QUAKER BOTTOM ROAD 21152 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerio Rican, etc.)

t YES NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 X Widowed 4 Divorced **Black** COMPLETED ts. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION t6b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) live kind of work done Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) N/A N/A 7th 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) James McBeale Maria Jordan 1 BE notified t9a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Routa Number, City or Town, State, Zip Code, 2 901 E. Quaker Bottom Road Sparks, MD 21152 Irene Daughton Pe 20s. METHOD OF DISPOSITION

X□ Burlel 2 □ Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 8/26 20c. LOCATION - City or Town, Stata must Stevenson A.M.E.Church Cem Sparks, Maryland FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY examiner LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE medicai 23. PART I. Later the disesses, or complications that cannot shock, or hast silves. List only one cause of interval Between IMMEDIATE CAUSE (Fins) Onset and Death the disease or condition HEART FAILURE resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, isading to immedists cause. Enter UNDERLYING CAUSE (Disesse or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? any RENAL INSUFFICIENCY. OLD CVA. HYPERTENSION. 1 YES 2 NO shows 1 | YES 2 | NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 🗆 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 0 L DIRECTOR; After this cer hours after death with th item 28 is marked, of 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER t Chack only t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF THE FUNERAL COMPRESSION TO THE FUNERAL COMPRESSION TO THE IMPORTANT, If II (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mo BE m D14754

7505 Osler Onve #308

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BALTIMORE, MARYLAND 21215-0020	railCIAN: The law requires that the death certificate be executed within 24-70urs after death. Page 6 may be retained by the hospital or attending physician.	all sartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OF ATTEMPTED THE MINICIPAL. The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR ATTAINS CONTINCATE has been signed by the attending physician and completely fil

		1 - STATE REGISTRAR	STATE OF M		DEPAR					IENTAL HYGIEN REG. NO.	E		
		MATTER DANIETS MONTH 30 94 15									3. TIME OF DEATH 1530 M		
		4. SOCIAL SECURITY NUMBER 212-26-8176	5. SEX	8. AGE (In yrs. In		IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Morth, Gay, Year)	28	8. BIRTHP	PLACE (State or Foreign Lyland
	DIRECTOR	ANNE AND AND	give street and number). 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF TOWN OR LOCATION OF DEATH 9c. COUNTY OF TOWN OR LOCATION OF DEATH										
		10a. STATE 10b. COUNTY			10c CIT	Y, TOWN C	P LOCAT	104					
		Maryland	Baltimo	re	100. 011	1, 10WR C	n LOCAI	ION	Duna	lalk			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	FUNERAL	100. STREET AND NUMBER	0. ′				101	ZIP COD	Œ	01000			NAT COUNTRY?
	JNE	4009 St. Monica 1	12. WAS DECEDENT	T EVER IN II S AI	BMEN	12	400 050	CHEENT	05 140000	21222			States
	BY	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2XX			f yes, spe	ecity Cubi	en, Mexican, Specify:	C ORIGIN? (Specify Yes, Puarto Rican, atc.)	or No—	14. RACE - Black, Specify	- American Indian, White, atc. White
	ETED	15. DECEDENT'S EOU((Specify only highest grade	CATION completed)	(6	ECEOENT'S Sive kind of	work done i	CUPATIO	ON st of workl	ing	16b. KIND OF BUS	INESS/IND	USTRY	
	PE	Elementary/Secondary (0-12) 7th Grade	College (1-4 or 5+) life	e. Do NOT us The	acto)	, On	onat	O.h	Bethleh	om Si	tool	Cato
once.	COMPL	17. FATHER'S NAME (First, Middle, Last)			174	icio,	c op			E (First, Middle, Meiden		icer	CONTO.
	BE C	Walter J. Daniel	5					G	race	(Not Kno	wn)		
notified at	2	19a. INFORMANT'S NAME (Type/Print)	0 1 0	19						oute Number, City or Town			1 01000
9		Mrs. Martha Mae	Vaniels	20b. PLACE			_		. Vrw	e Dundal			
must		1 A Burial 2 Cremation 3 Rame	oval from State	cemetery, cra	emetory of o	herplace)	hom.	me ot Gd vi	1. 8/	24/94 M	iddlo	Riv	n, Stata
i. examiner		21. SIGNATURE OF FUHERAL SERVICE LIC		110.0	Jeg 11.	22.	NAME AN	D ADDRE	SS OF FACI	ieral Home	0/1	Dunda	Ch Tue
ехаш		Dalmy J.	Gible			'	лиаа 1922	-Kuc Wis	e Ave	ieuic nome 2. Dundal	k. Mc	runua Vrula	and 21222
prior to burial, cremation, or removal traumatic event, the medical	z	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. House Caydiae Arrhythm (Approximate interval Between Onset and Death Onset and											
Hygiene or other	CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.											
shows an	4: MEDICAL	PART II. Other algolificant condition	s contributing to	daath but not	resulting	n tha un	darlylng	j causa	given in P	art I. 24e. WAS AN PERFOR	MED?	0	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? I YES 2 NO
State Dept item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF C	DEATH (Chec	k only one)			
or ite	HYSIC	1 VES 2 NO	HOSPITAL:	ER/Outpatient 3	3 🗆 DOA	OTHER 4 Nun		5 🗆 R	esidence 8	Other (Specify)			
E E	弄	27. MÄNNER OF DEATH 1 (X) Netural 5 Pending	28a. OATE OF i		28b. TIM INJ	E OF URY	28c. INJI WO	RK?		28d. DESCRIBE HOW IN	JURY OCC	URED	
		2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF building, (FINJURY — At he arc. (Specify)	ome, farm, o	rtreet, fact		'ES 2 [28t. LOCATION (Street a City or Town, State)	nd Number	or Rural Roo	ute Number,
ELE ELE	PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the bast of	my knowledge, de	eath occurre	ed at the ti	me, date	and place	, and due to	o the cause(e) end men	ner es atati	ıd.	
ANT	COMPI	one) 2 MEDICAL EXAMINE											and menner as stated.
be filed within	TO BE	Millian K	Do	mo [Dep	ati		29c. LIC	ENSE NUMB	6054	≥ S	SIGNED (A	Month, Day, Year) 20/9 4
		30. NAME AND ADDRESS OF PERSON WHY	Pe.	Jon	M 27) (Type,	Print)	6	95	-/	Amer,	CA	ć	91035
		AUG 25 100	32. REGISTAAR	R'S SIGNATURE	1.								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIFICA	TE OF DEATH	l F	REG. NO.	
		1. DECEDENT'S NAME (Fifst, Middle, Last) NUCLICE E. Z	5PS			2. DATE OF MONTH	DEATH 23 9	3. TIME OF CEATH
P		4. SOCIAL SECURITY NUMBER 213-28-6399	5. 9EX 8. AGE (In yrs. last birthday) IF UN	DER 1 YEAR IF UNDER 24 IIIS DAYS HOURS IN		BIRTH ay, Year) 2-1922	BIRTHPLACE (State or Foreign Country)
1, 2, 3 should	TOR	90. FACILITY NAME (If not institution, give str	et and number)	nter 96.0	Ba (4)	OF DEATH	9c. COUNT	Y OF DEATH
nit. Pages	DIRECTOR	10e. STATE 10b. COUNTY		Ba	N OR LOCATION	Ta		10d, INSIDE CITY LIMITS? 1 YES 2 \(\square\) NO
an. ransit permit.	FUNERAL	5406 Reiste		oad	10f. ZIP CODE	1215	10g. CITIZE	N OF WHAT COUNTRY?
Z15-UUZU attending physician. se as the burial-transit	ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS OECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	I3. WAS DECENOENT OF H If yes, specify Cuben, & 1 ☐ YES 2 ☐ NO			RACE — American Indian, Black, White, etc. Specify: Black
Spital or ed for u	PLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementery/Secondary (9-12)	ATION ompleted) College (1-4 or 5+)	16a. DECEOENT'S USUA (Give kind of work do life. Do NOT use retire	ne during most of working	16b. KII		okins
by the be det	BE COMPL	17. FATHER'S NAME (First, Middle, Last)	'eu		18. MOTHER	S NAME (First, Midd	yo, Meidon Surname)	1)
ay be retained page 5 should be notified	5	190. INFORMANT'S NAME (Type/Print)	ey	5406	Reister	1	city or jown, state, zip c Pd Bal	(4), red 21215
e 6 m rector,		20s METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Remove 4 Donetton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		PLACE AND DATE OF DIS	OSITION (Name of Par	R SREAM	Karda	y or Town, State
SALI r death. re funeral. al.		· Fortia &	brow		Jarch 15. 4	West Wast	bush N	he Bath rd
within 24 hours upletely filled in cremation, or re		23. PART I. Enter the diseases, or co shock, or heart fellure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)	mplications that ceused st only one cause on el	of the death, Do not en sch line.	Tached	eda	or respiratory erres	t, Approximate interval Between Onset and Death
incate be executed physician and core prior to burial.	FICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO OFF AS A	Consequence of	areleo n mfalah	ree	lles	
the death certy the attending of Mental Hygie injury, or of	CERTIFI	resulting in deeth) LAST	5/p	Mulhy	de C1	PR		
that that are bank	MEDICAL	PART II, Other significant conditions	contributing to death b	ut not resulting in the	underlying cause give	The second second	E. YAS AN ALITOPSY PERFORMED? YES 2 MO	24b. WERE ALTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
AL H he law ret has beer e Dept. of m 23 sh	SICIAN: I	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF DE	ATH YES 26. PLACE OF DEAT	NO		3-1,31 3.44.00
SICIAN: The Certificate It the State It or item	YSIC	1 TYES 2 NO	HOSPITAL: 1	etient 3 DOA 4 D			pecify)	
The state of	ву РНУ	MANNER OF OEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 N		BE HOW INJURY OCCU	RED
OR ATTENDING DIRECTOR: After hours after death tem 28 is ma	ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, term, street,	actory, office	281. LOCATIO	ON (Street and Number or own, State)	Rural Route Number,
E AR =	COMP		AN: To the best of my knowl					ceuse(s) end menner ee stated.
TO THE HOSPITAL TO THE FUNERAL De fied within 72 IMPORTANT: If	BEC	296, SIGNATURE AND ATTLE OF CERTIFIER	N/W	10	29c. LICENS	E NUMBER	29d. DATE S	GIGNED (Month, Day, War)
₽ ₽ ₽ ₹	0	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) Type, Print)	16.11	D. H	1/0	723/74
		31. DATE FIVED (Month, Day, Year) AUG 251994	Dimetras Partin	HURE HURE	IVVISAT I	SHUI	4.0.	

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	t. Pages 1, 2, 3 should	1
or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should share an ad Month and Month University Section 2 of the Complete Section 2 of the Comp	
be retained by the hospital	te 5 should be detached for	e notified at once.
VSICIAN: The law requires that the death certificate be executed within a fours after death. Page 6 may be retained by the hospital or attending physician.	n by the funeral director, pag	to the case pept, or ream any wenter reports prior to bursa, behavior, or remova.
e be executed within nou	sician and completely filled i	the state belt, of result and wenter hyperic provide burial, cremation, or removal, or item 23 shows any injury, or other traumatic event, the medical e
es that the death certificate	igned by the attending physical	s any injury, or other
PHYSICIAN: The law requir	this certificate has been si	rked, or item 23 show
HOSPITAL OR ATTENDING	DIRECTOR: After	Miller 28 is ma
TO THE	1	MISS

	1 - FOR STATE REGISTRAR	ATE OF MARYLAND	/ DEPARTMI			ENTAL HYGIENE					
	1. DECEDENT'S NAME (First, Middle, Last) Albert John El					DATE OF DEATH DAY		3. TIME OF OEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 5. SEX 6. AGE (In yrs. lest birthdey) F UNDER 1 YEAR F UNDER 24 HRS. NORTHS DAYS HOURS MIN. O4/27/1914 Maryland										
TOR	6211 Everall Avenue Baltimore										
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY M D			MN OR LOCATION				10d. INSIDE CITY X VIMITS? 1 YES 2 NO			
ERAL	6211 Everall A	venue			1206		10g. CITIZEN OF U.S	what country? . A			
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	AS DECEDENT EVER IN U.S. DRCES? 1 YES 2 YES, GIVE WAR OR DATES	ARMED NO		Cuben, Maxican, F	ORIGIN? (Specify Yea Puarto Rican, etc.)	Blac	E — American Indian, kk, While, atc. WWhite			
COMPLETED	15. DECEDENT'S EQUATION (Specify only highest grade completed and specific only 12 Years) 12 Years	ted)	DECEDENT'S USUA (Give kind of work of life. Do NOT use retin lail Ca	ione during most o	f working	Post 0					
SO	17. FATHER'S NAME (First, Middle, Last)			18	L MOTHER'S NAME	(First, Middle, Maiden S	Surname)				
BE	Albert John Ell	rich Sr.				Rose Ba					
임	190. INFORMANT'S NAME (Type/Print) Edna L. Ellrich	- 1				te Number, City or Town		01006			
	20w. METHOD OF DISPOSITION	20b. PLA	CE AND DATE OF DIS			Baltim	ore, MI				
	1 Donation 5 Other (Specify)	m State cemetery,	on Par	Ceme		/26/94					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		1		ODRESS OF FACIL	ITY					
	· marling.	Suppery	b	7110 B	olair 1	ne Dip Road Bal	pel Fur	neral Høne			
CERTIFICATION	23. PART I. Enter the diseases, or complishock, or heer failure. List or IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that inlitated events resulting in death) LAST	DUE TO (OR AS A CON	SEQUENCE OF	Se stap	wit		otory arroat,	Approximate interval Between Onset and Death			
PHYSICIAN: MEDICAL CE	PART II. Other aignificent conditions cont	ributing to death but no	ot resulting in the	e underlying co	euse given in Pa	PERFORM	MED?	D. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ZAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE	OF DEATH (Check	only one)					
YSIC	1 Q YES 2 Q NO 1 0 1	SPITAL: npetlant 2 - ER/Oulpatient		HER: Nursing Home	L'Assidence a	Other (Specify)					
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)			2 NO	ad. DESCRIBE HOW IN	JURY OCCURED				
TED	3 Suicide 6 Could not be determined	28s. PLACE OF INJURY — At home, term, etreet, tectory, office building, atc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)						Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the	to the best of my knowledge						s) end manner as stated.			
(BE	296. SIGNATURE AND TITLE OF CERTIFIED	age]	MID		C. LICENSE NUMBE	383	≥ 8/	23/94			
	30. NAME AND ADDRESS OF FERSON WHO COME CARLOS 31. DATE FILED (Month, Day, Year)	LETER DAUSE OF DEATH (I	11 EM 27) (Type, Print) 300	7E.N	erplm f	laskury	. Bell	1. Med 2R14			
	AUG 25 1994 Julia	/ MODELLA CONTROL			· ·						

BALTIMORE, MARYLAND 21215-00	death. Page 6 may be retained by the hospital or attending a	e funeral director, page 5 should be detached for use as the
	nours after	filled in by th
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any upon a later death. Page 6 may be retained by the hospital or attending a	DHELLE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the I
DIVIS	DR ACTE	DRECTO

burial-transit permit, Pages 1, 2, 3 should physician. them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. INFLUCY: After this certificate has been signed by the attending physician and completely filled in by the noun with the State Dept. of Health and Mental Hygiene prior to bun'al, cremation, or removal, DR AFTENDING PHYSICIAN: The law requires that the

#	17, 18 Film # G 714 08	3-25-94 N.A	. Per Fun	eral H	olie						QΙ,	2	4817
	FOR 1 - STATE	STATE OF M	MARYLAND /	DEPART	MENT	OF H	EALTH /	AND N	MENTAL	HYGIEN		6	4017
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) LILLIAN	FREEDI		ERTIFI	CATE	OF	DEAT	H	2. DATE OF	REG. NO.		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2/0-30-3/72 90. FACILITY NAME (If not institution, give si	5. SEX 1 M 2 F	6. AGE (In yrs. les	YRS.		DAYS			10/1	BIRTH Day, Yegr)		PEN	NSYLVANIA
DIRECTOR		MAN HO	HOSPITAL BATTMORE				MD			NTY OF DE			
	MARYLAND 100. STREET AND NUMBER	MARYLAND BALTIMORE				RANDALLSTOWN					10g. CITI		10d. INSIDE CITY LIMITS? 1 X YES 2 NO 14T COUNTRY?
FUNERAL	3832 KILBURN ROAD 11. MARITAL STATUS 1 Never Married 2 Merried FORCES? 1 YES 2 ZONO				21133 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yelf yes, specify Cuben, Mexicen, Puerto Rican, atc.)					US			
ВУ	3 Wildowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade	IF YES, GIVE W	16e. DE	CEDENT'S L	ISUAL OCC	YES	2 ZNO	Specify		IND OF BUS	SINESS/INC	Specify	WHITE
COMPLETED	Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5	Him	Do NOT use	retired.) USEWI			AAN 2'O	AT HOME				
BE	17. FATHER'S NAME (First, Middle, Leat) 18. MOTHER'S NAME (First, Middle, Meiden Surmeme) TINKEL 19. INFORMANT'S NAME (Type/Print) 19. INFORMANT'S NAME (Type/Print) 19. INFORMANT'S NAME (Type/Print) 19. INFORMANT'S NAME (Type/Print) 19. INFORMANT'S NAME (Type/Print)												
10	MR. ALEX FREEDMAN 20e. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Remo		20b. PLACE	ANDDATEO	F DISPOSITI	ON (Na	me of		NDALI	20c. LO	CATION -	City or Tow	n. State
	Capacitary Committee Capacitary Committee												
	23. PART L Enter the diseases, or complications that eeused the death. Do not enter the mode of dying, such as cerdiec or reapiretory arreat, index, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) SEPTIC SHOCK								Approximate interval Between Onset and Death 4 GAYS				
LION	DUE TO (OR AS A CONSEQUENCE OF): BACTEREM (A Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):								40,945				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events reaulting in death) LAST	-	NEU M DI (OR AS A CONSEC		-								40945
MEDICAL (PART II. Other significant condition VRIMARY TRACT	INFERT	ION					ven in i		4a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
	ENDSTAGE REF.	ar visea	SE ON	Homi									1 TES 2 NO
PHYSICIAN:	EXAMINER? 1 VES 2 NO	HOSPITAL:		□ DOA	OTHER: 4 - Nursin	g Home			6 🗆 Other (
B⊀	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 28. DATE OF INJURY (Month, Day, Year) 28b. Till (Month, Day, Year) 28b. TILL (Month, Day, Year) 28b. TILL (Month, Day, Year) 28b. TILL (Month, Day, Year) 28b. TILL (Month, Day, Year) 28b. TILL (Month, Day, Year) 28b. TILL (Month, Day, Year)					JURY WORK? M t YES 2 NO		NO	26d. DESCRIBE HOW INJURY OCCURED 26f. LOCATION (Street and Number or Rural Route Number,				
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the beet of	my knowledge, de						to the cause				end menner se statet
TO BE CC	29b. SIGNATURE AND TITUS OF CERTIFIER						29c. LICEN		BER	,			Month, Day, Year)

t CERTIFYINO PHYSICIAN: To the beet of my knowledge, death occurred at the time, date 29b. SIGNATURE AND TITY 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

8/73/94 SANICO M.D. GODD SAMPALITAN HOSCIAL, BATTIMORE, MD. 31. DATE FILED (Month, Day, Veer)

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retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 687604

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained	THE FLORENCE Affect this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should		impropriate marked or them 23 shows any injury or other traumatic event the medical examiner must be notified
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	4SO	3	the first many many many the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	5
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_		1 - FOR STATE REGISTRAR	OF MARYL	AND /	DEPARTI	MENT OF	HEALTH AND I	MENTAL	HYGIEN REG. NO			
		NAME DR. SOLOMON CHA	ARLES FELD	MAN	F	21	MAN	2. DATE (F DEATH	59	LVEAR	3. TIME OF DEATH 9000 M
		4. SOCIAL SECURITY NUMBER 5. SEX 212-40-0585 1X M	_	in yrs. lesi		F UNDER 1 YEAR		7. DATE C (Month, 12-	F BIRTH Day, Year) -25-19	902	a. BIRTH	IPLACE (State or Foleign
	OR	9e. FACILITY NAME (If not institution, give street end number) SINAI HOSPITAL				9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE			DEATH			
	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY										10d. INSIDE CITY
1		MD					TIMORE					LIMITS? 1 X YES 2 NO
	FUNERAL	10s. STREET AND NUMBER					101. ZIP CODE			10g. CITI	g. CITIZEN OF WHAT COUNTRY?	
	8		DECEDENT EVED II	UIIS ADI	MED	13. WAS DI	21215 ECENDENT OF HISPAN	NIC ORIGIN?	(Specify Yes	or No—	USA 14. RACI	E — American Indian,
	ВҮ	1 Never Married 2 XXMerried 1 Never Married 2 XXMerried 1 YES 2 XMO 1F YES, GIVE WAR OR DATES				It yes,	specify Cuben, Maxica ES 2 NO Specifi	in, Puerto Ri			Specify: WHITE	
	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		(Gi	CEDENT'S US ve kind of wor Do NOT use i	BUAL OCCUPATE done during interest.)	TION most of working	16b.	KIND OF BU	SINESS/INC	DUSTRY	
et l	APLE	Elementary/Secondary (0-12) College 5+	(1-4 or 5+)			ICIAN			MED:	ICINE	}	
t once	COMPL	17. FATHER'S NAME (First, Middle, Last) JULIUS FELDI	MANT				18. MOTHER'S NA REBECO		ddle, Maiden	-	MACH	1
fled a	BE	19e. INFORMANT'S NAME (Type/Print)	MAIN	196	. MAILING AI	DDRESS (Stree			r, City or Tow			1
be notified at once.	2	MAURICE R. FELDMAN 3813 OAK AVE; BALTIMORE, MD 21207										
nust b		20e. METHOD OF DISPOSITION Solution 2 Cremetion 3 Removal from 4 Donation 5 Other (Specify)		netery, cres	matory or other			DATE 22-94		CATION — LTIMO	-	
liner 1		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	0	CBRC	W CKI		AND ADDRESS OF FA	CILITY			KE,	PID
ехаш		· Volution 17 &	ellius	1			LEVINSON REISTERS				MORE	E, MD21215
or other traumatic event, the medical examiner must		23. PART I. Enter the disesses, or complicate shock, or haert failure. List only	ons thet cause one cause on a	the deach iine.	eth. Do not	enter the m	noda of dying, suc	h as cardi	ec or respi	ratory sri	rest,	Approximate interval Between
the the		immediate cause (Final disease or condition → a. Sepsis										
even			DUE TO (OR AS	CONST	UENCE OF):	- 11	1 1100					24
umatic	ERTIFICATION	Sequentially list conditions, if any, landing to immediate Due to (or as a consequence of):										
er tra	S	cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEC	NIENCE OF							,
or oth	RTI	that initiated eventa resulting in dasth) LAST	DOE TO (OH AS A	CONSEC	OUENCE OF):							
njary.	ਹ	PART ii. Other significant conditions contribu	uting to death b	ut not re	eauiting in	tha undariyi	ng cause given in	Part i.	24s. WAS AN	AUTOPSY	246	WERE AUTOPSY FINDINGS
any Injury	EDICAL								PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23 shows	ME							<u> </u>				1 TYES 2 NO
	SICIAN	DID TOBACCO USE CONTE	RIBUTE TO	CAU	SE OF		YES NO)			
or Item	YSIC		TAL: ilent 2 - ER/Outp	atlent 3		THER:	ome 5 🗆 Reeldence	8 🗆 Other	(Specify)			
marked,	/ PHY	1 Natural 5 Pending	DATE OF INJURY (Month, Day, Year)		26b. TIME O	Y V	NJURY AT YORK? YES 2 NO	28d. DESC	RIBE HOW I	NJURY OC	CURED	
Is ma	D BY	e Codid Not bil	PLACE OF INJURY building, atc. (Spec	— At hor	me, ferm, stre				FION (Street of Town, Stete)		or Rural i	Route Number,
촵	JE E	4 Homicide determined		-				Oily O	iowii, Stetey			
§	(g	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the base of the control of										t) and manner se stated
RE	2	29b. SIGNATURE AND STILL OF CERTIFIER		_	40	-	29c. LICENSE NUI					(Month, Day, Year)
IMPOR	10 8	30. HAME AND ADDRESS OF PERSON WHO COMPLE	TED CAUSE OF DE	ATH (ITEN	A 27) (Type, Pr	rint)				▶ €	8.	20 94
		A-J. Montes mo	B-e	v ec	lere		e Scirci	100	spite	il	Bo	eltimore mp
		AUG 2 4 1994 Alia	Lauden	arlas	4				1			

VENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician.

The this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should that the State Dept. of Health and Memial Hyglene prior to burial, cremation, or removal.

It is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 JIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE LINE ALTON TO THE LINE ALTON TO THE LINE ALTON TO THE SMPORTAIN.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			NTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle	s, Lest)			1	. DATE OF DEATH		3. TIME OF DEATH	
	John	Robertson Fog	le,Sr.			August	22,199	1:30 A	м
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS. 7	DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign	
		215-03-6524A ¹⊠м²□F 89			1	Nov.4,19		Ltimore, Md.	
œ	9a. FACILITY NAME (If not institution	eph's Hospita eph's Hospita		_	R LOCATION OF DEAT	Н	9c. COUNTY OF		
5	RESIDENCE OF DECEDE	1	TOW	son		Balt	o.Co.	-	
DIRECTOR	10e. STATE 10b. COUNTY			TOWN OR LOCAT				10d. INSIDE CITY LIMITS?	
	Maryland :	Baltimore Co.			son			1 TYES 2 NO	
FUNERAL	800 South	orly Poad		101	21204	10g. CITIZEN OF	WHAT COUNTRY? USA		
<u> </u>	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPANIC	ORIGIN? (Specify Yea	or No 14 BAG	E – American Indian.	\dashv
	1 Never Married 2 Marrie	FORCES? 1 YES IF YES, GIVE WAR OR D		It yes, sp	2 NO Specify:		Bla	ck, white, etc.	
D BY	3 Wildowed 4 Divorced			1	Λ			white	_
COMPLETED	(Specify only higher		16a. DECEDENT'S US (Give kind of wor life, Do NOT use r	k done during ma	ON st of working	16b. KIND OF BUS	SINESS/INDUSTRY		
2	Elamentary/Secondary (0-12)	College (1-4 or 5+)		,	les Env	Enevel	ope Ma	nufacturi	ing
Š	17. FATHER'S NAME (First, Middle, L	ast)			16. MOTHER'S NAME	(First, Middle, Maiden	Surname)		
BE C	He	nry Fogle			Eler	nnah Ro	bertso	n	
2	19a. INFORMANT'S NAME (Type/Prin				nd Number or Rural Rou			21204	\neg
	John R. Fog				ly Court				
	1 ZhBuriel 2 Cremation 3 [4 Aponation 5 Other (Specific	☐ Removal from State carr	PLACE AND DATE OF I	pisposition (Na r place) Deme	tery 8/2	DATE 20c. LO	Tto Co	unty, Md.	- }
	21. MEMATURE OF FUNERAL SER	TICE LICENSHE	morro((a)	22, NAME AP	D ADDRESS OF FACIL	ITY			
	Danne Ala	I had long b.	-	Mitc	hell-Wie York Ro	edefeld	Home	1212	
	23. PART i. Enter the disease	ea, or complications that caused	the deeth. Do not					Approximate	\dashv
	shock, or heart for IMMEDIATE CAUSE (Final	eliure. List only one cause on e	ech lina.	-1	/	2 12 12 12 12	COMP. CONC.	Interval Betwee	
	disease or condition resulting in death)		2 entic	: 56	wile			1/hr	
		DUE TO (OR AS A	CONSTQUENCE OF):		-			C 24	7
No	Sequentially list conditiona,	DUE TO JOB AS A	CONSEQUENCE OF	mor	ude	, ^		(2)	4
¥	If sny, leading to immediate cause. Enter UNDERLYING). —	horse	160	m take	t De	mente	2 631	mos
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF)	11,	1	-			-1
CERTIFICATION	resulting in deeth) LAST	L a			,				_
AL C	PART II. Other significant cor	nditions contributing to death b	ut not resulting in	the underlying	cause given in Pa	rt I. 24a. WAS AN		b. WERE AUTOPSY FINDING	98
				XY		PERFOR		MAILABLE PRIOR TO COMPLETION OF CAUSE	
ME						/	~	OF DEATH?	
PHYSICIAN: MEDIC		SE CONTRIBUTE TO	CAUSE OF I	DEATH Y	ES NO	28			
2	25. WAS CASE REFERRED TO MEDI EXAMINERY	HOSPITAL:	T 0	26.PL THER:	ACE OF DEATH (Check	one)			\exists
4×S	1 YES 2 YNO 27. MANNER OF DEATH	25a. DATE OF ALJURY	setient 3 DOA 4		e S [] Residence 6 i	Other (Specify) Id. DESCRIBE HOW II	A STATE OF THE STA		_
	1 Natural 5 Pendin	(Month, Day, Near)	RUUR	Y WO	RK7 ES 2 NO	IO. DESCRIBE HOW II	SORT OCCORED		
D BY	2 Accident Investig	28s PLACE OF INJURY	- At home, term, abo			H. LOCATION (Street a	ind Number or Rurel	Ploute Number	-
ETED	4 Homicide determ	ined				City or Town, State)			
COMPLET		PHYSICIAN: To the best of my know							П.
g	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.								
BE (296. SIGNATURE AND TITLE OF CE	INTERIOR .	1		29c LICENSE NUMBE	R	29d. DATE SIGNE	D (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUSE OF DE	matris	_	1/29	6	8/	27/94	_
	anore	INO DIA	ATH (ITEM JET) (Type, Pr	N	5/11	V Roll.	\$ i	Bulle	
	21. DATE FILER (MISS) POLICIES	Jan 22 of Santana dia	PELBER.		- (0)	- I m)	Mill .	
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	94	24021
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIE	ENE	

	FOR 1 • STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			NTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATH	V VEA	3. TIME OF DEATH	
	Steven A.	Gersor				UG I			
DIRECTOR	230 76 9591	1 🔀 💥 2 🗆 F	43 YRS. MON	THS DAYS	HOURS MIN.	DATE OF BIRTH (Month, Day, Year)	1951	RTHPLACE (State or Foreign unity) New York	
	99. FACILITY NAME (If not institution, give stre 20MILES EAST IN RESIDENCE OF DECEDENT		1	OCEAN	CITY	•	9c. COUNTY O	F DEATH ESTER COUNTY	
	100, STATE 100, COUNTY Virginia		10с. СІТУ, ТО Fai	10c. CITY, TOWN OR LOCATION Fairfax				10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER		10f. ZIP CODE			1 X 1 ≥ 10g. CITIZEN OF WHAT COUNTRY?			
JER/	3504 Pinehurst A		22030			United States			
BY FUNERAL	11. MARITAL STATUS XX Never Merried 2 Merried 3 Wildowed 4 Divorced	N U.S. ARMED 2 NO ATES	If yes, spe	ENDENT OF HISPANIC (polify Cuben, Mexican, P 2 NO Specify:					
TED	15. DECEDENT'S EDUCA (Specify only highest grade co	16a. DECEDENT'S USU (Give kind of work	AL OCCUPATIO	N st of working	16b. KIND OF BUS				
COMPLETED	Elementery/Secondery (0-12)	College (1-4 or 5+)		Sive kind of work done during most of working Do NOT use retired.) Chnical Writer Defe			se Ind	dustry	
OM	17. FATNER'S NAME (First, Middle, Last)		100111110	18. MOTNER'S NAME (First, Middle, Meiden				adsory	
BE C	Harold I. Gerson				. Sandl				
TO B	19a. INFORMANT'S NAME (Type/Print)			nd Number or Rural Route		, State, Zip Code)			
	Harold I. Gerson				s as #10				
	-98e-METNOD OF DISPOSITION	al from State Cam	PLACE AND DATE OF DI- letery, cremetory or other p ing Davi	sposition (Nai lace) d Mom	orial Ca	P/2°2 - 3°4°0		Church, Va.	
	21. SIGNATURE OF PUNEMAL SERVICE LICEN		Ing Davi		D ADDRESS OF FACILITY		4115	sharen, va.	
	► (MUllipu	10		Ives	-Pearson	Funera	1 Home	s	
	23. PART I. Enter the diseezes, or con shock, or heart failure. Lis	mplications that caused	the deeth. Do not e	nter the mod	de of dying, auch as	a cardiec or reaple	ratory arrest,	Approximata	
	IMMEDIATE CAUSE (Final	st Dniy Dne Ceuse Dnye	cn line,					intarvai Betwean Onset and Death	
	disease or condition e.								
_		DUE TO (OR AS A	CONSEQUENCE OF):	3					
Š.	Sequentially list conditions, if eny, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):						
CA	cause. Enter UNDERLYING CAUSE (Disease or injury								
CERTIFICATION	thet initiated events resulting in death) LAST	thet initiated events DUE TO (OR AS A CONSEQUENCE OF):							
	d.								
CAL	PART ii. Other eignificent conditione	contributing to deeth b	ut not resulting in th	e underlying	cause given in Par	t i. 24s. WAS AN PERFORI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
PHYSICIAN: MEDIC						YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?	
Σ	DID TOBACCO USE CONTRI	BUTE TO CAUSE O	F DEATH YES	_ ои Г	LINCERTAIN I	; ´	1	1 VES 2 NO	
MA	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	heck only one)	OTTOERIAIT				
VSIC		HOSPITAL:		HER: Nursing Home	5 🗆 Residence 8 🖁	Other (Specify)	N OCE	AN	
F	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJL WOF	RK?	d. DESCRIBE NOW IN	JURY OCCURED	1	
ВҰ	2 Accident Investigation	280 BLACE OF IN HIRDY	- At home, farm, street	M 1 7	7.8	LOCATION (Street o	OVO	w,~ed	
	3 Suicide 8 Could not be datarmined	building, atc. (Spec	MY) OX F	Ha)	200	City or Town, State)	A Number of Hur	Paul Route Number,	
Z	29a. GERTIFYING PHYSICIA	AN: To the best of my knowl	edge, death occurred at	the time date:	and place, and due to t	be course(s) and man	0	-2 CU/5	
COMPLETED	3/XMEDICAL EXAMINER:							e(s) and manner es stated.	
5 I	27		_		29c. LICENSE NUMBER	1	29d, DATE SIGN	IED (Month, Day, Year)	
	29b. FOR AYUNE AND TITLE OF CERTIFIER	()	1 4					LD (MOMI, Day, real)	
8	altim	Cole	W		O.C.M.E			18,1994	
	29b. ON TUNE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DES	ATH (ITEM 27) (Type, Print 111 Pen		O.C.M.E		AUG	18,1994	
8	30. NAME AND ADDRESS OF PERSON WHO O	COMPLETED CAUSE OF DEA	111 Pen		O.C.M.E		AUG		

O'A olasett ac o

pino

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

July 22. EGIST AR'S SCHATTING

2 N. AVE

HASWELL

31. DATE FILED (Month, Day, Year) AUG 25 1994

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH August 12 V/ach 7:45 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 216-38-6852 3710/1907 87 1 - M 2 X F HOURS MARYLAND YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Fallston GA DIRECTOR Fallston nora LLGV tord 10e. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY MARYLAND HARFORD 1 YES 2 XNO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1332 MACTON ROAD 21154 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 📉 Widowed 4 🗌 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 166. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) BOOKKEEPER ACCOUNTING 17. FATNER'S NAME (First, Middle, Last)
WILLIAM H. 18. MOTNER'S NAME (First, Middle, Maiden Surname) WILLIAMS JENNIE HUGHES BE 190. INFORMANT'S NAME (Type/Print)
WILLIAM H. GERLACH, 195 MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State 210 Code) 2 20a METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 8/22 20c. LOCATION — City or Town, State Burial 2 Cremation 3 Removal from State PARKWOOD" CEMETERY PARKVILLE, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEI 22. NAME AND ADDRESS OF FACILITY HARKINS FUNERAL HOME, INC. DELTA, PA 23' BART I. Enter the disesses, or complicatione that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, ahock, or heart fellure. Liet only one ceuse on each line. Interval Bstween Onset and Desth IMMEDIATE CAUSE (Finel disease or condition resulting in death) Heart Failure moustine ins Mitru Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initisted events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 NO OF DEATH? 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO IN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATN (Check only one) HOSPITAL:
1 V Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 TES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF BEATN 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED 1 Natural
2 Accident м 1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide determined 29a, CERTIFIER 1 🗘 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the films, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTURE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)

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Suite 101

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 687604

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	ficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3		
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The control of the state of the	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1	ne St	m 28 is marked as from 22 shours one interes or other beams the median accompany months to matter at a con-
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME CERTIFICAT	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) WILLIA M	JOHN	GRACELY		2. DATE OF DEATH	AV VEAD	3. TIME OF OEATH		
	4. SOCIAL SECURITY NUMBER 211-10-6534		in yrs. last birthday) IF UNI	DER 1 YEAR	08 2 7. DATE OF BIRTH (Month, Day, Year) 02-12-19	8. BIR	THPLACE (State or Foreign TNNSYLVANIA		
OR	90. FACILITY NAME (If not institution, give street and number) CHESAPEAKE MANOR NURSING HOME ARNOLD 90. CITY, TOWN OR LOCATION OF DEATH ANNE ARUNDEL								
DIRECTOR	MARYLAND	ANNE ARUNDI		N OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 Y NO		
FUNERAL	100. STREET AND NUMBER 451 CENTURY	VISTA DRIV	Έ	10f. ZIP CODE 210	012	10g. CITIZEN OF WHAT COUN			
ВУ	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 XYES	FORCES? 1 XYES 2 NO It yee, specify Cuben, N IF YES, GIVE WAR OR DATES 1 YES 2 X NO			ANIC ORigin? (Specify Yee or No— cen, Puerto Rican, atc.) 14. RACE Black, Specify			
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	U.S.	SINESS/INDUSTRY						
BE CON	17. FATHER'S NAME (First, Middle, Last) GUSTAVE	GRACELY		18. MOTHER'S NA MARIE	AME (First, Middle, Meiden	Sumame) KLEIN			
TO B	199. INFORMANT'S NAME (Type/Print) MILDRED E. GRACELY 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 451 CENTURY VISTA DRIVE, ARNOLD, MD. 21012								
	4 Donation 5 Other (Special)		PLACE AND DATE OF DISP BERY COMMISSION OF PROPERTY OF THE PROP	NATIONAL	8622 F	ORT MY	ER, VA.		
	21. BIGNATURE OF SURFERAL SERVICE L	20		I SECOND A	VENUE, S.	.W. AND 210	NERAL HOME		
	23. PART I. Enter the diseases, profiled, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Meta 8ta	the Car	cruma		iratory arrest,	Approximate Interval Batween Onset and Daath		
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in dasth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
AL	Careinana 9 Prostati PERFORMED? AVAIL						ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN: MEDIC	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	T	F DEATH YES TO		N 🗆		1 1 1 tes 2 NO		
YSIC	EXAMINER?	HOSPITAL: 1 inpatient 2 ER/Output	OFH		8 Other (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Yeer)	28b. TIME OF INJURY M	28c, INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY building, stc. (Speci	— At home, term, atreet, to		28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET		ICIAN: To the best of my knowle					(e) end menner as stated.		
TO BE C	296 GIGNATURE AND TITLE OF CERTIFIE	Altendin	y Docto	29c. LICENSE NU			9 (Month, Day, Year) 24/94		
	30. NAME AND ADDRESS OF PERSON WHO	D 1600 CF	LAIN LOW	, GLRNB	WNIB.	10 210	61.		
	AUG 25 1994	AZ REGISTRAR OSIGN	THE THE						

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ALL ANTENDING PHYSICIAN: The law requires that the death certificate be executed within 23	HAL DIFFERENCE After this certificate has been signed by the attending physician and completely fill
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		FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART CERTIFIC			ENTAL HYGIENI REG. NO.	E	
		DECEDENT'S NAME (First, Middle, Last) OCIAL SECURITY NUMBER	S SEX 6 AME	Or V	F UNDER 1 YEAR		2. DATE OF DEATH DA	94	1:30 PMM
pino	1	565 - 40 9644 9a. FACILITY NAME (If not institution, give st	1 📈 M 2 🗆 F	58 YRS.	ONTHS DAYS	HOURS MIN.	(Morith, Day, Year) / 3	36 C:	ATHPLACE (State or Foreign intry) alifornia
I, 2, 3 should	TOR	Baltimore VAMO	3			altimore			
burial-transit permit. Pages 1,	DIRECTOR	Maryland 10b. COUNTY	Howard	10c. CITY,	TOWN OR LOCAT	Ellicot	t City		10d. INSIDE CITY LIMITS? 1 YES 2 NO
ansit perr	FUNERAL	8581 Harvest V			10f	ZIP CODE 21	043		F WHAT COUNTRY?
8	B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WARDON DATE 1956-1959	2 NO	If yes, spi	ENDENT OF HISPANIC polity Cuban, Mexican, 2 NO Specify:	ORIGIN? (Specify Yes Puerto Rican, etc.)	BI	CE — American Indian, ack, White, etc. ec/ly: White
for use as the	LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S US (Give kind of wo life. Do NOT use	k done during mo:		16b. KIND OF BUS	INESS/INDUSTRY	
detached fo	COMPL	12 17. FATHER'S NAME (First, Middle, Lest)		Fo	reman	18. MOTHER'S NAME	E (First, Middle, Meiden :	Wareho	use
5 should be notified at	BE	Harris 19a. INFORMANT'S NAME (Type/Print)	Gregory	19b. MAILING A	DDRESS (Street a	nd Number or Rural Ro	Myrtle ute Number, City or Town	Back1	und
page 5	10	Sophie B. Grego	20h 5	8581 F				ott City	7, MD 21043 Town, State
Il direct		1 Burlel 2 X Cremation 3 Remote 4 Donation 5 Other (Specify)	Me	tery, crematory or other tro Cre	matory	y Inc. 8	B/24 Ba	altimo:	re, MD
0 = 0		George E.	MacNabb		299	Frederic	k Road	Balto	., MD 21228
completely filled in by the ial, cremation, or removal event, the medical		23. PART i. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	list only one cause on each Respination	ch line.	2	de of dying, such	as cardiac or respi	ratory arrest,	Approximate interval Between Onset and Death Acuke
ending physician and Il Hygiene prior to bur or other traumati	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C Brain T DUE TO (OR AS A C Chronic	CONSEQUENCE OF): CONSEQUENCE OF):	evnov Mrefi		nerwy D	Huse	4 months Chronic
th an	MEDICAL	PART II. Other significant conditions His Large Lyper fen	contributing to death but Alcohal Sen		the underlying	g cause given in P	PERFORI	MED?	4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
* After this certificate has been significate with the State Dept. of Healt Is marked, or Item 23 shows:	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Chec			
After this cert death with the	ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. INJ	URY AT RK?	28d. DESCRIBE HOW IN	JURY OCCURED	
m 28 Is	ETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specify	— At home, ferm, stri	et, factory, office		281. LOCATION (Street a City or Town, State)	nd Number or Run	Il Route Number,
332	COMPLE		CIAN: To the best of my knowled R: On the basis of examination						e(s) and manner as stated.
TO THE PLANTS be filed withing iMPORTANT: 1	TO BE C	29b. SIGNATURE AND THEE OF CERTIFIER	Signo		Resichent	Pending	ER /	≥ 8/2	ED (Month, Day, Year)
		30. NAME AND ADDRESS OF PERSON WHO 10 S. G. Veen 21. DATE EH ED (Margin On NAM)	Start Rand	M. Bac Hor		Mury Jun	22120)(
(AUG Z 5 T934	32. REGISTRAR'S SIGNAT	WHE					

88 ...

Dr. Kellie B.

31. DATE FILED (Month, Day, Year) AUG 25 1994

Smaldore,

REGISTRAR BIGHATURE

UVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

The contract was the contract of the contract of contr	If this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
a by the nospital of	d be detached for u	d at once.
o may be retained	ctor, page 5 shoul	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a
aller Ucalli. raye	by the funeral dire emoval.	lical examiner
CIDO MILITA DO	completely filled in by the al, cremation, or removal.	event, the med
citiments of execut	ing physician and ogiene prior to buri	other traumatic
S that the death o	New this certificate has been signed by the attending physician and complete teach with the State Dept. of Health and Mental Hygiene prior to burial, crements	any Injury, or
T. HIGHER INDIGHE	icate has been sig State Dept. of Hea	item 23 shows
CIOIC LA SALI	View this certification with the	marked, or

	ITEMS: 24a,	25.26.2	7,29a, PER	DR. FILM	G-721	3/2/9	5 t.t					91	1 2	4824	
1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.															
	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE	OF DEATH		1:	3. TIME OF DEATH	
1 1	Gordon					August 20, 1994 5									
			5. SEX	,			ER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH		, 199		5:20 P. M	
			1 🕅 M 2 🗆 F	()		YRS. MONTHS		DAYS HOURS MIN.		Sept. 9, 19		8. BIRTNPLACE (State or Foreign Country) Maryland			
	9e. FACILITY NAME (If not ins					Y TOWN C	OWN OR LOCATION OF D				9c. COUNTY OF DEATH				
2	Bel Air Con	.030	90. CIT	Bel Air						Harford					
181	RESIDENCE OF DEC	er	Bel All						nariord						
DIRECTOR	10a. STATE	106. COUNT	Υ				10c. CITY, TOWN OR LOCATION						1	IOd. INSIDE CITY	
	Maryland	Harford		Ве	Bel Air				1.			YES 2 NO			
¥	10e. STREET AND NUMBER 10f. ZIP CODE										10g. CITIZEN OF WHAT COUNTRY?				
	100 Idlewild St., Apt. 3B					21014								S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	2. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 ☐ YES 2 MO IF YES, GIVE WAR OR DATES			WAS DEC	ENDENT OF HISPANIC OR		IIC ORIGI	N? (Specify Yea	or No-				
BY F	1 X Never Merried 2					1 YES	specify Cuban, Mexican, Puarlo ES 2 NO Specify:			o Rican, etc.)		Specific			
		1										White			
	15. DECE (Specify only	CATION completed)	10	work done	ISUAL OCCUPATION ork done during most of working			16b. KIND OF BUSINESS/INDUSTRY			USTRY				
COMPLETED	Elementery/Secondary (0-N/A		Conege (1-4 or 5 +)			Do NOT use retired.)				D ::					
M			N/A	N/A R			ailroad Clerk			Railroad					
		17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N						Sumame)			
BE		George Gray									ah Smith				
2		19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Floute Number, City or Town, State, Zip Code)													
		James A. Brazil (nephew) 4500 Jolly Acres Rd., Whitehall, MD 21161													
	20a. METNOD QE DISPOSITION 1 General 2 M Cremellon 3 General from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemelary, cremetary, crem														
	4 Donellon 5 Other (Specify) Metro Crematory Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												aryland		
	1 1 11				Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, M							c. MD 2	1236		
	23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate														
1 1	IMMEDIATE CAUSE (Fin		List Drily ona cau	se on aach line	o. }	1		_	- 1		1.			interval Batwean Onset and Death	
	disease or condition reaulting in death)	→	. m	metastatic Color							(A	1100	11	YEARS	
	DUE TO (OR AS A CONSEQUENCE OF):														
Z	Sequentially list condition	000	b												
RTIFICATION	if any, leading to immed cause. Enter UNDERLYIF	liate	DUE TO	DUE TO (OR AS A CONSEQUENCE OF):											
일	CAUSE (Disease or Injur	C													
Ē	that initiated events resulting in death) LAST	r	502 10	DUE TO (OR AS A CONSEQUENCE OF):											
빙	d														
1 11	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PINDINGS ANALIABLE PRIOR TO														
MEDICAL											PERFORM		C	WAILABLE PRIOR TO COMPLETION OF CAUSE	
											, , , , , ,	LA NO		F DEATH?	
	DID TOBACCO US	SE CONT	RIBUTE TO CA	USE OF DEA	TH YE	s 🗆	NO \square	LINCE	FRTAIN	<u>, П</u>				_ 123 2 _ NO	
₹ I	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)														
Sic	EXAMINER?		HOSPITAL:	ER/Outpatient 3	DOA	OTHE!		5 □ Ree	idence	a 🗆 Otto	ne (Specify)				
PHYSICIAN:	27. MANNER OF DEATN	28a. DATE OF	28a. DATE OF INJURY 28b. TIM							28d. DESCRIBE NOW INJURY OCCURED					
ВУР	1)(X) Natural 5 Pending		(Month, De	(Month, Day, Year)											
8	2 Accident	28a. PLACE OF	28a. PLACE OF INJURY — At home, term, street,							28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
ETE	4 Nomicide	building,	building, etc. (Specify)						City						
2	29a. CERTIFIER (Check only (CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the							to the co	use(a) and man	ner ee state	ed.				
COMI														and manner ee stated.	
	29b. SIGNATURE OND TITLE			7							T				
8	Kolli	IF	< ma	Onwadanta) 29c, LICENSE NUM HUNS					39d. DATE SIGNED (Month, Day, Year) AUGUST 22, 1994						
유	30. NAME AND ADDRESS OF	PERSON WN	IO COMPLETED CAUS	E OF DEATH (ITE	H 27 (5mm	Deint		117	103	00		AUG	1U31 Z2	-, 1994	

2021 Emmorton Rd., Suite 114, Bel Air, MD

ITEMS: 23 RART I, 27, 28a-f, PER MEO FILM G-717 11/14/94 t.t.

ITEM: 1. RER F.H. FILM G-714 8/25/94 t.t

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		1 - STATE REGISTRAR	OTATE OF MARTIE		ICATE OF	FDEATH		EG. NO.	
		1. DECEOENT'S NAME (First, Middle, Last)	FREDERICK CHARL	ES HADDIS			2. DATE OF D	EATH	3. TIME OF DEATH
	1	FREDERICK H	ARRIS BEY				AUG	2.2	94 4:31P M
		4. SOCIAL SECURITY NUMBER		'In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BI (Month, Day)	RTH Mag)	8. BIRTHPLACE (State or Foreign Country)
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pinous	-	9e. FACILITY NAME (If not institution, give s				OR LOCATION OF D		9c. COUN	TY OF DEATH
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es 1,	E E	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	1	10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY
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MARYLAND 21215-0020 e retained by the hospital or attending physic; 5 should be detached for use as the burial notified at once.	m	19e. INFORMANT'S NAME (Type/Print)	71	19b. MAILING	ADORESS (Street	end Number or Rural		ty or Town, State, Zip	Code)
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ALTIMORE, N death. Page 6 may be r funeral director, page 5		20a, METHOO OF DISPOSITION 1 Surfel 2 Cremetion 3 Rem	20b	PLACE AND DATE		Name of	DATE	20c, LOCATION — C	
MO ge 6 irecto		4 1 Donation 5 Other (Specify)	\ \ \	petery, crematory or of	Der place)	U	1379	BAH	md.
ALTIM death. Page funeral dire		21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME	AND ADDRESS OF FA	CILITY	110/3	
BALTIMORE, ter death. Page 6 may be the funeral director page oval.		(atria)	But		1/20	M. Cla	enlar	St. Kitt	5 Funeral HAS
1 3 4 a		23. PART I. Enter the diseases, or o	complications that ceused	the deeth. Do n	ot anter the m	ode of dying, suc	h ss cerdiec	or respiratory arre	est, Approximate
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. B. ificate physine pr	윤	CAUSE (Disesse or injury that initisted events	v	O GUNSHOT		231			
P.O. E	CERTIFICATION	resulting in deeth) LAST	4						
		PART II. Other elections condition							
A la day	DICAL	PART II. Other significent condition	s contributing to deeth b	ut not resulting i	n the underlyli	ng ceuse given in	Pert I. 24e.	WAS AN AUTOPSY PERFORMEO?	24b. WERE AUTOPSY FINGINGS AVAILABLE PRIOR TO
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AL F he law has be Dept.	AN	DID TOBACCO USE CONTI		28. PLACE OF DEAT			<u> </u>		
F € ≘ € 5	SICIAN:	EXAMINER? 1 TYPES 2 NO	HOSPITAL:		OTHER:				
OF VI PHYSICIAN: this certifica with the St rked, or it	PHY	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIM	E OF 28c. IN	me 5 Residence		E HOW INJURY OCCI	URED
		Netural 5 Pending	(Month, Day, Year) 8-13-59	9:50		ORK?	1	WAS SHOT	
ON VDING :: After death	р ву	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	- At home, farm, a		Ice	281. LOCATION	(Street and Number of	or Rural Route Number,
TIS STORY	ETEI	4\(\) Homicide determined	building, etc. (Spec	STREE	ď			n, State) LOMBARI RE. MARYLAN	D AND SRRING ST.
DIV OR A OURS	吊	29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my knowl	ledge, death occurre	d at the time, dat	te end place, and due			
	COMPL								couse(s) end menner es stated.
(33)		29b. SIGNATURE AND TITLE OF CERTIFIE	12//1			29c. LICENSE NU	MBER	29d. OATE	SIGNEO (Month, Day, Year)
E E X) BE		Toland			O.C.M		► A	
	5	30. NAME AND ADDRESS OF PERSON WH							3 01001
7					Street	, Balti	more,	Maryla	nd 21201
		31. DATE FILE AUG 2 5 1994	32 AGGISTRAD'S SIGN	ATURP					

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BALTIMORE, MARYLAND 21215-0020	inding physician.
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נ מ	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nours after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It item 28 Is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner mu
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31. DATE FILED (Month, Day, Year) AUG 2 5 1994

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

22. MEGISTHAR'S STATURE

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH PM FRE 12.22 RUFUS 8 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 🕅 M 2 🗆 F YRS. 218-03-7510 Maryland 0ct 16, 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Carroll County General Hospital Westminster Carroll County RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Carroll Woodbine 1 YES 21 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? P.O. Box 133 21797 U.S.A. 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Black, White, alc. 1 Never Married 2 Merried If yes, specify Cuban, Maxican, Puerto Rican, alc.) 1 YES 2 NO ВУ Specify Specify: 3 Nidowed 4 Divorced White ETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only h Elementery/Secondary (0-12) College (1-4 or 5 +) 7 6th Grade Carpenter Self-Employed COM once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ernest Hall notified at Annie BE Hatfield 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Mr. Gerald Hall 605 E. Ridgeville Blvd. Mt. Airy, MD 21771 pe 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Siete must Morgan Chapel Cemetery Donation 5 Other (Specify) 8/26 Woodbine, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Burrier-Queen Funeral Directors, P.A. 1212 W Old Liberty Road Winfield, MD 21784 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, ehock, or heert feilure. Liet only one ceuse on eech line. intervei Batween IMMEDIATE CAUSE (Fine) Onset and Death the CARDIAC ASYSTOLE

DUE TO (OR AS A CONSEQUENCE OF): disesse or condition_ resulting in deeth) 23 shows any injury, or other traumatic event, CERTIFICATION Sequentially list conditions, if any, leeding to immediate csuse. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) marked, or Item EXAMINER? HOSPITAL:
1 Vinpellant 2 ER/Outpetlant 3 DOA OTHER: 1 YES 2 NO rsing Home 5 - Realdence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural М 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, offica building, etc. (Specify) 3 Suicida 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 🗍 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basia of examination end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day,

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DIVISION OF VITAL RECORDS, P.O.

Pages 1, 2, 3 : permit. **burial-transit** physician. 윤 SP use Ď detached once. a Ħ notified page pe must director, examiner funeral the medical 5 0 filled the and completely fille burial, cremation, traumatic event, 9 the attending physician Mental Hygiene prior t other 6 inlury, Health and I any Shows been t. of I has by Dept. PHYSICIAN: The law 23 certificate h 50 this c marked, E HOSPITAL OR ATTENDING PHE FUNERAL DIRECTOR: After the divithin 72 hours after death wattant. If item 28 is mark

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 8 YEAR Kenneth 6). Harns 23 94 6 30 P 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 7/17/1917 217-40-1399 1X M 2 | F 77 QUEENSTOWN, ME 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNIVERSITY OF MARYLAND BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 577 LAURENS STREET 21217 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. WAS DECENDENT OF HISPARITO CHICHTER (Specify It yea, specify Cuban, Maxicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Married Specify: Black BY 3 Widowed 4 Divorced ETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Self-Employed COMPL Construction 12th 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Harris Mary E. BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 Balto., MD Margaret Harris 577 Laurens Street 21217 20a. METHOO OF DISPOSITION

| Burlal 2 | Cremetion 3 | Re | Donation | Other (Specify) | 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Western Star Cemetery 8/27 Baltimore, Maryland FUNERAL SERVICE LICENSEE LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21207 I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, about, or heart failure. List only one cause on each line. 23.\PAB Approximate intarval Between IMMEDIATE CAUSE (Final Onset and Deeth Cardial Failure disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If eny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL Glioblastoma Multiforme Prostate Ca. 1 ☐ YES 2 ☐ NO OF DEATH? 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 🖒 NO 🗆 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1. Sinpetient 2 - ER/Outpetient 3 - DOA OTHER: 1 TES 2 NO 4 ☐ Nursing Home 5 ☐ Realdenca 6 ☐ Other (Specify) 27. MANNER OF OEATH 28a. OATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation м 1 YES 2 NO В 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

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31. DATE FILEO (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

MMS

REGISTRAR'S SIGNATURE

29d. OATE SIGNEO (Month, Day, Year)

MO 21201

23/94

3. TIME OF DEATN

DA MON

03/21/1913

24a WAS AN AUTOPSY

1 TYES 2 NO

8/21

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Walter Norris Hanlin Sr. 2. DATE OF DEATH butatter -Hant 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 1X M 2 F YRS. 546-09-2696 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give atreet and number 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR V.A.M.C. Baltimore Baltimore City 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore Dundalk permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE burial-transit 3712 Edgewater Place 21222 Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS BALTIMORE, MARYLAND 21215-0020 If yes, specify Cubs

1 YES 2 NO 1 Never Married 2XX Merried Specify: BY 3 Widowed 4 Divorced use as the WW II COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) should be detached for 8th Grade Foreman 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surnan Charlotte Anne Agnew notified at Patrick Stewart Hanlin BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 page 5 Betty R. Hanlin 3712 Edgewater Place Baltimore, Maryland pe 20a, METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must director, otak Lawn Cemetery 8/24/94 4 Donation 6 Other (Specify) examiner 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE the funeral . Gebls ours after death. phny medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, filled in by shock, or heart failure. List only one cause on each line. 6 **IMMEDIATE CAUSE (Final** the cremation, erebrovascular Accident disease or condition_ completely traumatic event, resulting in death) P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) burial, CERTIFICATION pue Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) attending physician a If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury certificate be other t DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Mental shows any injury, DIVISION OF VITAL RECORDS, the PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL signed by the Recent Acute Renal Failure, History of Chronic Obstructive Pulmorary Disease, Malwetwitions has been a that developed at onset of Cerebrovascular PHYSICIAN: Status Epilepticus HOSPITAL OR ATTENDING PHYSICIAN: The law Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one certificate h **EXAMINER?** HOSPITAL:
1 Appatient 2 ER/Outpatient 3 DOA OTHER: 1 TYES 2 NO ng Nome 5 - Residence 6 - Other (Specify) 6 27. MANNER OF DEATN 26a. DATE OF INJURY 26b. TIME OF this c 28c. INJURY AT WORK? 28 Is marked, 1 Natural 1 YES 2 NO DIRECTOR: After the hours after death v BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 6 Could not be COMPLETED 4 Homicide Item 29a. CERTIFIER
(Check ank)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and menner as stated. TO THE FUNERAL DE FINE FOR WITHIN 72 M 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) end menner as stated. Charles S. Drownwood A M 29b. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER BE Surgery Resident 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Street Battimone Greens A PECTRAFTS SIGNATURE

31. DATE FILED (Month, Day, Year) AUG 25 1994

1:45 PM 8. BIRTNPLACE (State or Foreign West Virginia 9c. COUNTY OF DEATH 10d, INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? United States 14. RACE — American Indian, Black, White, atc. Specify: White 16b. KIND OF BUSINESS/INDUSTRY Bethlehem Steel Corp. 21222 20c. LOCATION — City or Town, State Baltimore. Maryland 7922 Wise Ave. Dundalk, Maryland 21222 Approximate Interval Betw Onset and Death 3 days 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 28d. DESCRIBE NOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year)

OHMH-16 Rev 1/89

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should a after death with the State Dept. of Health and Memtal Hygiene prior to bunal, cremation, or removal.

28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. RATTENDING PHYSICIAN: The law requires that the death certificate be executed within

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	HEGISTRAN		-1111111	CATE	יר ט	LAIN	REG. N	U.		
	1. DECEDENT'S NAME (First, Middle, Last) Thomas	F. Hed	D				2. DATE OF DEATH SAY YEAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX			-			August 19, 1994			M
		6. AGE (in yrs. ias	t birthday) YRS.	MONTHS DAY		UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country)			1)
	220≈20≈6710 1 ☑ M 2 ☐ F 98. FACILITY NAME (If not institution, give street and number)	ins.	OF OUTY TON	10-06-1927 Maryla						
œ			96. CITY, TOWN OR LOCATION OF DEATH Baltimore City							
DIRECTOR	Johns Hopkins Bayview Med	<i>1</i> .	_ bac	umo	re cu	<u>y</u>				
Ä	10e. STATE 10b. COUNTY	10c. CITY	c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?							
	<u>Maryland</u> Baltimor	e				Duni	dalk			1 TES 2XXNO
FUNERAL	10e. STREET ANO NUMBER				10f. ZIP	CODE	10g. CITIZEN OF			HAT COUNTRY?
W	7815 Charlesmont Road					222		ited	States_	
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Mexicen, Puerto Rican, atc.)							ee or No—	Black,	— Americen Indien, White, etc.	
ВУ	3 Widowed 4 Discord	W II		1 🗆	YES 2 X	NO Specify			Specify	White
	15. DECEOENT'S EDUCATION	16e. OE	CEDENT'S I	JSUAL OCCUP	PATION		16b. KIND OF B	USINESS/IN		WILLE
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +	life	ve kind of w Do NOT use	ork done during retired.)	most of	working				
P.	12th Grade		ation	iery Ei	ngin	ieer	Fede	ral G	overv	ment.
ò	17. FATHER'S NAME (First, Middle, Last)	=			_		ME (First, Middle, Meide			
BE (Alfred Hedl					Del	ia Gillen			
2	19e. INFORMANT'S NAME (Type/Print)	190					loute Number, City or To			
	Mrs. Florence K. Hedl						oad Dund			
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Removal from State	20b. PLACE A cemetery, cres	ND DATE O	FDISPOSITION er place)	(Name o	of	DATE 20c. L	OCATION -	- City or Tow	vn, State
1 X Buriel 2 Cremetion 3 Removal from State 4 Donellon 5 Other (Specify) 21. BIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									more,	MD
	· Johnson L. Gibles		Di	ıda≈	Ruck Fi	uneral Ho	ne of	Duno	lalk, Inc.	
_				70	922	Wise A	venue. Du	ndalk	. MD	21222
	23. PART I. Enter the diseases, or complications that shock, or heart failure. List only one cause	caused the de	eth. Do no	ot enter the	mode o	of dying, such	ss cerdlec or ree	piratory s	rrest,	Approximate interval Between
	IMMEDIATE CAUSE (Finel	25	0	A /	1					Onset and Death
	disease or condition sesuiting in deeth)	we		Ne	4					whole
	DUE 19	OR AS A CONSEC	DUENCE OF)7						· P
O	Sequentially list conditions, b. Due Ind.					ogn				
CERTIFICATION	Cedae: Eliter ONDERLETING	NEW	ENIC	JW.						25 40
필	CAUSE (Disease or Injury that initieted events	OR AS A CONSEC	UENCE OF	:						100
12	resulting in deeth) LAST									
	PART II. Other significant conditions contributing to o	leath but not n	seulting is	the under	ulna ee	una abian la l	neal las mas		L	
EDICAL		outh but not n	searcing in	the under	ynig cs	use given in i		N AUTOPSY		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
							1 TYES	2 NO		OF DEATH?
Σ	DID TOBACCO USE CONTRIBUTE TO CAL	ICE OE DEV	TU VE			UNCERTAIN				1 YES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL			(Check only o		DINCERIAIN				
PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 Inputient 2	2221 1027		OTHER:		□ Residence 1	6 Other (Specify)			
ᅔᆘ	27. MANNER OF DEATH 250. DATE OF I	NJURY	26b. TIME	OF 28c.	INJURY		28d. DESCRIBE HOW	INJURY O	CURED	
BY F	t Natural 5 Pending (Month, Day 2 Accident Investigation	(, rear)	INJU	44	WORK?	2 NO				1
	3 Suicide 6 Could not be 26e. PLACE OF	INJURY — Al hor	ne, ferm, st	reet, factory, c	office		281. LOCATION (Street		or Rural Ro	oute Number,
E	4 Homicide determined	ter (opoury)					City or Town, Stat	9)		
PLE	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(s) and menner as stated.									
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examinstion end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner as stated.								end menner se stated.	
									(Month, Date Year)	
O BE	(/ Mu () (O)				12	3/86	48	1	2/2	2194
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM	27) (Type, i	Print)		1- 0	0	4-	1-21	1 sel
	CONIS 0,02-28		120	OLB	7/	1	DM	- 4	1224	7/12
	31. DATE FILED (Month, Day, Year) AUG 25 1994 July 32. REGISTRAN	'S SIGNATURE								
	400 60 1334 June 10 1100	mardally								

'o .

DHMH-18 Rev 1/89

REG. NO

1 1

1 - FOR STATE REGISTRAR

68760
BOX
P.O.
RECORDS,
VITAL
OF
VISION
0

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH James TSOLA. HUG-UST Joseph 0456 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in vrs. lest birthdev) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 1 M 2 D F DAYS HOURS 056 18 4562 68 YRS. March 926 New York be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 96. CITY, TOWN OR LOCATION OF DEATH SALISBURY WICOMICO PENINSULA REGIONAL MEDICAL CENTER DIRECTOR RESIDENCE OF DECEDENT North Carolina Pollocksville 10d. INSIDE CITY Jones 1 TYES 2 XO FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Manning Drive 28573 Lot 10 United States Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 NO IF YES, GIVE WAR OR DATES 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married В White 3 Widowed 4 Divorced 18a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g (Give kind of work done life. Do NOT use retired.) 1 Elementary/Secondary (0-12) College (1-4 or 5 +) President Teamster's Union once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Sumame) Unknown Mein Te de Mabe1 Hambidge BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Alaina Isola as #10 page Pe 20b. PLACE AND DATE OF DISPOSITION (Name of Aug. 20c. LOCATION — City or Town, State cemetery, cremetery or other place)
Eastern Carolina Crematory Newbern, N 20b. PLACE AND DATE OF DISPOSITION (Name of must funeral director, medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE IVES PERSON Tuneral Homes ours after death. 4 rica Arlington, Va. 22201 0 the 23. PART i. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, completely filled in by Approximate shock, or heart fallure. List only one cause on each line. Interval Between prior to burial, cremation, or IMMEDIATE CAUSE (Final Onset and Death the disesse or condition event, DUE TO (OR AS A CONSEQUENCE OF): resulting in death) executed traumatic CERTIFICATION and Sequentially list conditions. DUE TO (OR AS A CONSEDUENCE OF) if sny, lesding to immediate attending physician the death certificate be cause. Enter UNDERLYING CAUSE (Disesse or Injury other DUE TO (OR AS A CONSEQUENCE OF Hygiene that initiated events resulting in desth) LAST 6 signed by the atter Health and Mental Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? that shows any 1 TYES 2 THO requires 1 YES 2 NO has been 6 PHYSICIAN: MP Dept. 23 25. WAS CASE REFERRED TO MEDICAL The 28. PLACE OF DEATH (Check only one) Item State this certificate HOSPITAL: OTHER: OR ATTENDING PHYSICIAN: 1 TES 2 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 10 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED with 1 Neftural
2 Accident 1 YES 2 NO ВҰ After 1 death Investigation TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after dea IMPORTANT: If Item 28 Is m 3 Sulcide 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as atsted. 2 MEDICAL EXAMINER: On on and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATUME AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Dav. Year) BE D02020 9 30. NAME AND MODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) GREEN Salis bury Quincy + Locust Sts. md. 21801 0 Jul 32 Augustras Residen AUG 25 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

06.

BALTIMORE, MARYLAND 21215-0020	Nours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

-	1 - FOR STATE (F MARYLAN	ND / DEPAR	TMENT OF I	EALTH AND	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH	
	Michael Andrew Kinle: 4. SOCIAL SECURITY NUMBER 5. SEX					August 2		M HPLACE (State or Foreign	
	212-12-4801 1X M 2 C	212-12-4801 1X M 2 G F 70 YRS. MONTHS DAYS HOURS MIN. AUG. 30							
DIRECTOR	98. FACILITY NAME (If not inalitation, give street and number 7711 Chestnut Avenue	nr)	timore C		9c. COUNTY OF I				
EC	RESIDENCE OF DECEDENT								
	Maryland Baltimore Baltimore County to the street and number 100. STREET AND NUMBER 100. CITIZEN OF WHAT								
FUNERAL	7711 Chestnut Avenue				21234		USA	WHAT COUNTRY?	
B	1 Never Married 2 Y V Merried FORCES1	EDENT EVER IN U XX YES IVE WAR OR DATE WW]	2 NO	If yes, sp	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 □ YES 2√3√NO Specify: 1. □ YES 2√3√NO Specify:				
밀	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16	(Give kind of	USUAL OCCUPATE	ON st of working	16b. KIND OF BU	SINESS/INDUSTRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 5th grade	or 5 +)	Brakema			Patapsc	o & Back	River RR	
Ö	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	,		
B	George Henry Kinlein 190. INFORMANT'S NAME (Typo/Print)		LOD MAIL INC	4000500 O		Gertrude			
P Mrs. Elizabeth M. Kinlein 7711 Chestnut Avenue Baltimore, Md. 21234									
20s. METHOD OF DISPOSITION 1 Burlei 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of competency symmatory options place) 20c. LOCATION — City or Town, State 0 Park WOOD CEMETERY 8-25-94 Baltimore, Mark									
	AL COLUMN PROPERTY OF THE PROP								
	Jassah Pushe			7401	Belair	Rd. Baltim	ore, Mar	yland 21236	
23. PART I. Enter the diseases, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. Liet only one cause on each line.								Approximate interval Between Onset and Death	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST								
AL C	PART II. Other aignificent conditione contribution	g to death but	not resulting	n the underlyln	ceuse given in	Part I, 24a. WAS AN		. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICA	coronary artery disease disease	, chron	ic obst	ructive	pulmona	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ž	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF	DEATH YE	S NO C	UNCERTAIL	VXIXIX			
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL		PLACE OF DEAT	H (Check only one)					
14S		2 ER/Outpatie		4 - Nursing Hom		6 Other (Specify)			
BY P		E OF INJURY oth, Day, Year)	28b. TIM	URY WO	URY AT RK? 'ES 2 NO	28d, DESCRIBE HOW I	NJURY OCCURED		
							Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(s) end manner as stated.								
S	one) 2 MEDICAL EXAMINER: On the begin	of axamination ar	nd/or investigatio	n, in my opinion, d			d due to the ceuse(a) and manner ea stated.	
	296. SIGNATURE AND STILE OF CERTIFIED				29c. LICENSE NUI	7223 VA	99d. DATE SIGNED		
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED			Print)					
	Dr. Verghese - Ft. Howa	rd Hosp	ital, E	saltimor	e, Maryl	and (477-1	800)		
	AUG 25 1994 July 30 100	SP SEEDING							

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and local feet of eath. Page 6 may be retained by the hospital or attending physician.

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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	Address to a				TOAT		DEA			EG. NO.			
		RUTH	K	INGER	Y					MONTH DAY YEAR				3:00Pm
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDE	R 1 YEAR	IF UNDER	1 24 HRS.	7. DATE OF E			8. BIRTHPL	ACE (State or Foreign
	234-42-93	20	1 🗌 M 2 💢 F	65	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept 1	y. 16ar) 10 19	28	Mary	land
_	9e. FACILITY NAME (If not in		9b. CIT	Bb. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH				'н						
DIRECTOR	Memorial I	Hospit	al			C	Cumberland Allegany				any			
8	10a. STATE 10b. COUNTY					Y, TOWN	OR LOCAT	TION					10	d. INSIDE CITY
	WV		eral			Keys	er					LIMITS? 1 X YES 2 NO		
FUNERAL	10e. STREET AND NUMBER			101	. ZIP COD				_	IZEN OF WHA	T COUNTRY?			
Ÿ	31 N. Main					726			_ ~	J.S.A.				
5	11. MARITAL STATUS 1 Never Married 2 Merried 12. WAS DECEOENT EVER IN U.S. AF FORCES? 1 YES 2					13.	WAS DEC	ENOENT (OF HISPAN In, Maxicor	IC ORIGIN? (S	pecify Yes n, etc.)	or No-	14. RACE — Black, W	American Indian, /hite, etc.
B	3 🛚 Widowed 4 🗌 Divo		IF YES, GIVE V	AR OR DATES			1 TYES	2 [XNO	Specify				Spec#y: Whit	:e
COMPLETED	15. DEC (Specify onl	EDENT'S EDUC	ATION completed)	16a.	DECEDENT'S	USUAL C	CCUPATIO	ON of worki	na	16b. KIN	D OF BUS	INESS/IN		
	Elementary/Secondary (6		College (1-4 or 5	+)	life. Do NOT u	se retired.)	uning mo	ISE OF WORK	19			asti		
MP	10			M	achine	Ope	erato	or		Mar	ufac	turi	ing	
8	17. FATHER'S NAME (First, M							18. MOT	HER'S NA	ME (First, Middl	e, Maiden :	Sumeme)		
BE		Martin	Roy					Gra			tter			
2	19e. INFORMANT'S NAME (1									loute Number, (
	Donald Ki							enue	3	Keyser	_		726	
	200 METHOD OF DISPOSIT	ion in 3 - Remo (Specify)	wel from State	cemetery,	cremetory or o	of Disposition place)	SITION (NE eterv	Aug :	21. 19	OATE 194			City or Town,	26726
	21. SIGNATURE OF FUNERA	Contract Con	hyses	1	10111		Cemetery Aug 21, 1994 Keyser, WV 26726							
	▶ √ ()	V	1	1)						Funer				
	23 PAUT I Fotosthe d	CEAT 1	A X X	-h	death De	8.	5 So	uth l	Main	Stree	t Ke	eyse	r, WV	26726
	21. PART L Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Batween Conset and Poeth													
	IMMEDIATE CAUSE (Fir disease or condition	nai	Acu	AO R	esh	110	to	(V)	Fa	ilw	rl			Onset and Death
	reaulting in death)	8	DUE TO	(OR AS A CON	SEQUENCE	1 C	(0	1-1	('	1 1 1	1 1	2 12		
Z		DIATE CAUSE (Final e or condition ng in death) ACUAE RESDIZATORY FAI LURL DUE TO (OR AS A CONSEQUENCE OF): ACUAE RESDIZATORY FAI LURL DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list condit if any, leading to imme		OUE TO	(OR AS A CON	SEQUENCE	5:		0 -	F	,				10
CA	cause. Enter UNDERLY CAUSE (Disease or Inju		. H	HVV	Va	500	M (lvi	5					
F	that initiated events resulting in desth) LAS	· 1	DUE TO	(OR AS A CON	SEOUENCE O	F):								
H H			l											
	PART II. Other aignifica	nt conditions	contributing to	death but no	ot resulting	in the u	nderlyln	g cause :	givan in I	Part i. 24s	. WAS AN		24b. WI	ERE AUTOPSY FINDINGS
EDICAL										1.0	PERFOR		CC	AILABLE PRIOR TO MPLETION OF CAUSE
										_ '	1 1 2 2	Jag NO		DEATH?
2	DID TOBACC	O USE	CONTRIBUT	E TO CA	USE O	F DEA	TH '	YES IT	7 NC				1 ''	☐ YES 2 ☐ NO
IA	25. WAS CASE REFERRED T						28. PI			ck only one)				
Sign	1 TES 2 NO	-	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE		10 5 □ Ra	nsidence	6 Other (Sp	ecify)			
PHYSICIAN:	27. MANNER OF DEATH		28a. OATE OF (Month, D		28b. TIA	IE OF	28c. INJ	URY AT		28d. DESCRI	BE HOW IN	JURY OC	CUREO	
BY		Pending Investigation				М		YES 2	□ NO					
		Could not be	28a. PLACE O building,	F INJURY — At atc. (Specify)	home, ferm,	street, fac	tory, offic	•			N (Street a wn, State)	nd Numbe	r or Rural Rout	e Number,
		determined												
립	29e. CERTIFIER (Check only	TIFYING PHYSIC	ZIAN: To the beat of	my knowledge,	death occur	ed at the	fime, date	end place	, and due	to the cause(e) end men	ner ee ata	rted.	
3 Suicide 8 Could not be determined building, stc. (Specify) 4 Homicide 1 29s. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occured at the fime, data end place, and due to the cause(e) end menor estated.							nd menner as stated,							
296. SIGNATURE AND TITLE OF CERTIFICATION 291. DATE SIGNED MYONID, D						onth, Day, Year)								
D 22271							44							
임	30. NAME AND ADDRESS OF												-	
	Qamar Zama	n M.D	. Suite	102	625	Kent	E Av	re.	Cumb	erlar	nd,	MD	2150	2
	31. DATE FILED (Month, Day, AUG 251	Year)	32. REGISTRA	R'S SIGNATUR	44									
	AUG 251	994 9	agn diwel	ar harda	u,									

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DON'T CALL HISTORY OF SECURISHINGS SECTIONS OF

TO THE HOSPITAL OR ATTENDING PHYSICIAN! The law requires that the death certificate be executed within Zelfours after death, Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	nedistrian				ONIE	Oi	DEA			EG. NO.			
,	1. DECEDENT'S NAME (First, Middle, Last		L. Kem	•)					2. DATE OF DEATH DAY YEAR AUGUST 21,1994			YEAR	3. TIME OF DEATH
- 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1	1 VEAR	IF UNDER	24 HRS				HPLACE (State or Foreign	
	282-14-9799	1 M 2-F	78	YAS.	монтнв	DAYS	HOURS	MIN.	(Month, Der	(Year)	016	Coun	
	9a. FACILITY NAME (If not institution, give	-	9h CITY	March 29, 1916 Ohio									
Œ	8 Ivy Lane					Glen Burnie					1722111		runcel
5	RESIDENCE OF DECEDENT		Gren burnie					LAIL	IC A	Luiuei			
E I	10e. STATE 10b. COUN	TY		10c. CIT	DC. CITY, TOWN OR LOCATION 10d. INSIDE CITY							10d. INSIDE CITY LIMITS?	
- DIRECTOR	Maryland Ani	ne Aruno	el						Burnie		1 1 YES 2 □ NO		
FUNERAL	100. STREET AND NUMBER 8 IT	y Lane			101. ZIP CODE 21060						U. S. A.		
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U FORCES? 1 YES			MED					IIC ORIGIN? (S		or No-	14. RAC	CE — American Indian, ck, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced				2 NO			,		1000	White		
COMPLETED	15. DECEDENT'S ED (Specify only highest gra-				USUAL OC			200	166. KIN	D OF BUS	INESS/IN	DUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	lite.	Do NOT us	se retired.)	uring inc	AST OF WORKE	riy .					
AP.	12		H	omem:	naker Dor					Dome	estic	2	
Š.	17. FATHER'S NAME (First, Middle, Lest)						18. MOT	HER'S NA	ME (First, Middl	e, Maiden	Surname)		
BE		George	William	Good					Lillia	en l	Marp!	Le	
10 B	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS				Route Number, C				
F	William Kem)	8	Ivy I	ane	G1	en B	urnie	e, Mary	/land	210	060	
	20a. METHOD OF DISPOSITION 1. Tourist 2 Commetted 3 Re	moval from State	20b. PLACE other pl	CE OF DISPOSITION (Name of cemetery, cremetory or place)					20e. LO	CATION -	City or	Town, State	
	1 Donation 5 Other (Specify)						BEt	esda	2, 0	hio			
	21. SIGNATURE OF FUNERAL SERVICE		22.1	NAME A	ND ADDRE	SS OF FA		com 1 1	lo Fr	mar	al Service		
	michael	P. may	gullo		39	81.C	arro.	11tor					ar bervice
	23. PART I. Enter the diseases, p shock, pr heart fallure	complications th	et coused the de	eath. Do	nDt enter	the mo	de of dy	Ing, auc	h aa cardlac	or reap	ratory a	reet,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel Onset and Death										Onset and Death		
	disease or condition resulting in deeth)	rre	Dicease Dec. 1990										
	disease or condition resulting in deeth) e. Cardiac Arrest Iomimus Due to (or as a consequence of):										D. 1000		
No.	Sequentially list conditions, DIF TO (OR AS A CONSEQUENCE OF)												
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	502 0	7 (011 NO X 00110E	QUENUE O	· ,.								j
윤	CAUSE (Disease or Injury that initiated events	CDUE TO	OR AS A CONSE	QUENCE O	F):								
E	reaulting in death) LAST	d.											
EDICAL	PART II. Other aignificant conditi	ons contributing t	o deeth but not i	resulting	In the un	derlyin	g cause	given in	Part I. 24	PERFOR	AUTOPSY	24	NAILABLE PRIOR TO
8									11	YES 2	DNO		OF DEATH?
M									_				1 TES 2 NO
ž													
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF I	DEATH (Ch	eck only one)				
YSI	1 TYES 2 NO		☐ ER/Outpatient 3	DOA			ne 5 □ R	lesidence	6 Other (Sp	oecify)			
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE C (Month,	F INJURY Day, Year)	28b. TIR	JURY		JURY AT ORK?		28d. DESCRI	BE HOW	NJURY O	CCURED	
1 Natural 5 Pending 2 Accident Investigation M 1 YES 2 NO													
0	3 Suicide 6 Could not 8 4 Homicide determined		OF INJURY — At he p, etc. (Specify)	ome, farm,	street, fact	ory, offi	ca			ON (Street own, State)		er or Rura	il Route Number,
4 Homicide determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 25b. SIGNADORE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)													
								e(a) and manner as stated.					
BE	(em : 20	enn 11	M				A	11/	20		100.00	10	2 94
9	30. NAME AND ADDRESS OF PERSON	VHO COMPLETED CA	USE OF DEATH /ITE	M 271 (7/2)	n. Print1			40	d'		0	12.	~177
	- ×					200	C1 -	. D.		MD 0	1001		
}	31. DATE FILED (Months Data Cheller)	M.D.A. 200	AR'S SIGNATURE	ti pr	· • #3	509.	ule	n Bu	rnie.	2 טויו	1001		
	MIG 2 5 1994 1												

FOR

BALTIMORE, MARYLAND 21215-0020	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. The law is set of the set of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should any with the State Dent of Health and Methal Hodisher prior to hard compared or removal.	e medical examiner must be notified at once.
MISION OF VITAL RECORDS, P.O. BOX 68760,	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transformer and with the state Deat of Health and Mental Horiene nick to hurst committee on removal	media marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

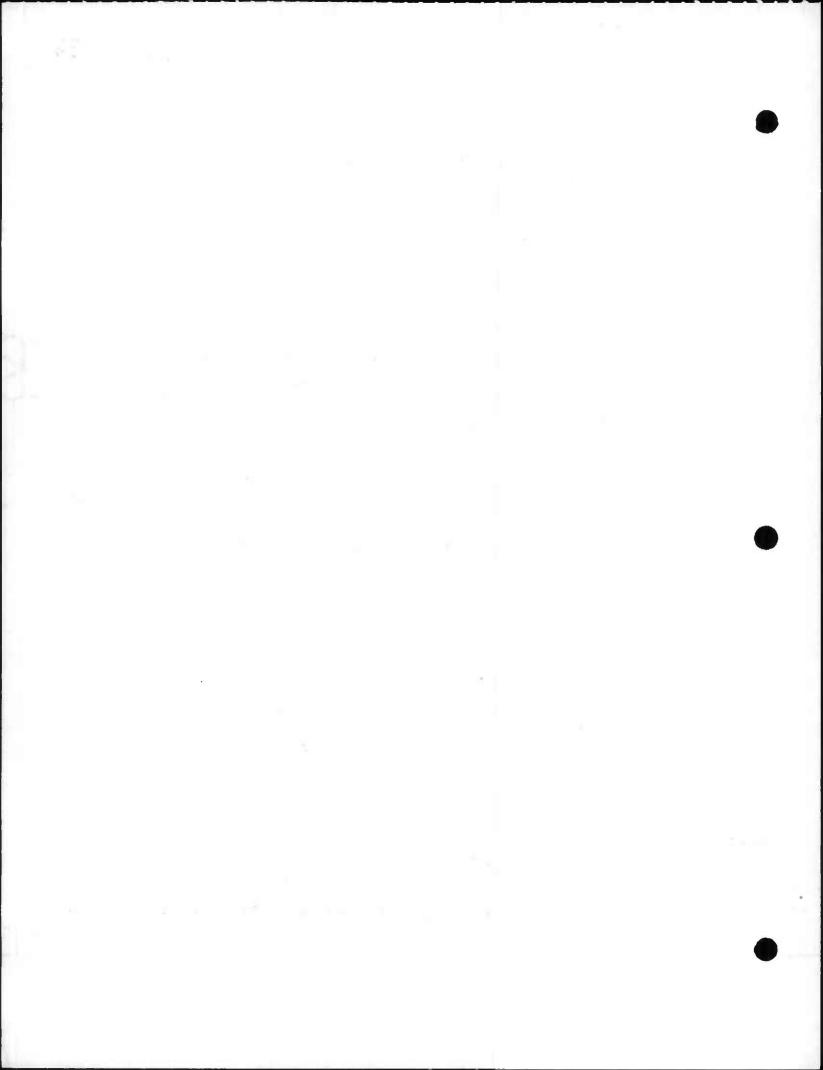
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL
TO THE FUNEME
DE filed with

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			UE	iniiri	CATE O	DEALD		REG. NO.			
1. DECEDENT'S NAME (First, A	fiddle, Last)							E OF DEATH			3. TIME OF DEATH
MARCUS D. F	CIRKPATE	RICK					AU	JG 16	94	4 YEAR	8:58P M
4. SOCIAL SECURITY NUMBER	R 5. SEX		. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR		7. DAT	E OF BIRTH		8. BIRTH	PLACE (State or Foreign
223-46-796	0 1 🖎 1	1 2 🗌 F	60	YRS.	MONTHS DAYS	HOURS MIN.	Jar	1. 10,	1934	Vi:	w rginia
9a. FACILITY NAME (If not insti	tution, give street and r	number)			9b. CITY, TOWN	OR LOCATION OF				NTY OF D	
2605 MILE					BAL	TIMORE	CITY	Y		_	
RESIDENCE OF DECE	DENT 10b. COUNTY										
	UB. COUNTY				, TOWN OR LOC						10d, INSIDE CITY LIMITS?
Maryland				Ва	ltimore						1 X YES 2 NO
					[]	of. ZIP CODE					WHAT COUNTRY?
2605 Miles		DECEMBER 1	EVER IN U.S. ARI			21211			U.S		
1 Never Married 2 🔀 M	erried FOR	CES7 1	YES 2 N		Il yea,	ECENDENT OF HISPA specify Cuban, Maxic	an, Puarto	IN? (Specify Yas Pican, etc.)	or No-	14. RACE Black	— American Indian, K, Whita, atc.
3 Widowed 4 Divorc	ad IF Y	ES, GIVE WAI	R OR DATES		1 🗆 YE	S 2 X NO Spec	Hy:			Speci	White
15. DECE	DENT'S EDUCATION				JSUAL OCCUPAT		16	b. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-1)	ighest grade completed Cottege	e (1-4 or 5 +)	(Gir	ve kind of w Do NOT use	ork done during r retired.)	nost of working					
N/A	N/A	,	Co	nstr	uction	Worker		Tracey'	s La	bore	r
17. FATHER'S NAME (First, Mide	lle, Last)					18. MOTHER'S N					
Clinton Ki	rkpatrick	C				Ressie	Car	r			
19a. INFORMANT'S NAME (Тур	s/Print)		19b	MAILING	ADDRESS (Street	and Number or Rura	l Route Nur	mber, City or Town	, State, Zip	Code)	
Rose M. Kir	kpatrick	(Wife) 2	605 1	Miles A	venue, B	alti	more. M	ld.	2121	1 — —
20a. METHOD OF DISPOSITIO	N		20b. PLACEA	ND DATE O	F DISPOSITION/				CATION —	_	
4 Donation 5 Other (S		n Stata	Evergi	natory or otl ceen	Memoria	a1	8/	20 Fi	nksbu	irg.	Maryland
21. SIGNATURE OF FUNERAL	SERVICE LICENSEE	0	A 1			AND ADDRESS OF F	ACILITY				, , , , , , , , , , , , , , , , , , , ,
▶ Role of	1/4/	UNA	h 1			munek Fu					21212
23. PART i. Enter the died	asse or complice	etinge that	auad/th/da	th Do o	3331	Brehms	Lane	, Balti	more	, Md	
enock, or nea	rt fellura. List Dnly	y Dne ceuee	on each line.	oth. DO III	ot enter tha n	iode bi dying, su	cn ae ca	rdiac Dr raepii	ratory arr	eet,	Approximata Intervel Between
iMMEDIATE CAUSE (Final disease or condition	11	0.0	Cor 1	1	1	()	0.0	_ 1			Onset and Death
resulting in death)	a	(109-	4615	mou	resni	nal h	emo	rrag	9		
		DOE 10 (0	H AS A CONSEC	VENUE OF).						9
Sequentielly liet condition		DUE TO (O	R AS A CONSEO	UENCE OF):						
If sny, leading to immedia											İ
cause. Enter UNDERLYIN											
CAUSE (Disease or Injury that initiated events		DUE TO (O	R AS A CONSEO	UENCE OF):						
CAUSE (Disesse or Injury		DUE TO (O	R AS A CONSEO	UENCE OF):						
CAUSE (Disesse or Injury thet initisted events resulting in death) LAST	d										
CAUSE (Disesse or Injury that initisted events resulting in death) LAST PART II. Other eignificent	d	buting to de	eath but not re			ng cause given is	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
CAUSE (Disesse or Injury that initisted events resulting in death) LAST PART II. Other eignificent	d	buting to de	eath but not re			ng cause given in	n Part I.		MED?	24b.	
CAUSE (Disesse or Injury that initiated events resulting in death) LAST PART II. Other eignificent	c. d. conditione contrib	buting to de	eath but not re	euiting in	the underlyl		Part I.	PERFOR	MED?	24b.	AMILABLE PRIOR TO COMPLETION OF CAUSE
CAUSE (Disesse or Injury that initisted events resulting in death) LAST PART II. Other eignificent	c. d. conditione contrib	buting to de	eath but not re	euiting in	the underlyl			PERFOR	MED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disesse or Injury that initisted events resulting in death) LAST PART II. Other eignificent	conditione contribute CONTRIBUTE WEDICAL	buting to do	SE OF DEAT	TH YES	the underlyl	UNCERTA		PERFOR	MED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent Charic DID TOBACCO US 25. WAS CASE REFERRED TO EXAMINER? TX YES 2 \(\square\$ NO	CONTRIBUTE CONTRIBUTE MEDICAL HOSP 1 Inp	TO CAU	SE OF DEAT 26. PLACE R/Outpatient 3	H YES	NO [UNCERTA	IN 🗆	PERFORI	MED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent Charic DID TOBACCO US 25. WAS CASE REFERRED TO I EXAMINER? 1X YES 2 \(\square\$ NO 27. MANNER OF DEATH	CONTRIBUTE WEDICAL HOSP 1 Inp	buting to do	SE OF DEAT 26. PLACI PLACE R/Outpatient 3 JURY	H YES	S NO [H (Check only one OTHER: 4 Nursing Ho OF 26c, if	UNCERTA	IN D	PERFORI	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent Choolic DID TOBACCO US: 25. WAS CASE REFERRED TO I EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pe	CONTRIBUTE MEDICAL HOSP 1 Inp 26a eartigation	TO CAU	SE OF DEAL 26, PLACI (R/Outpatient 3) (Nary (Nary)	TH YES	The underlyles of the underlyl	UNCERTAL Divine SX Maaidenca JURY AT ORKY YES 2 NO	IN D	PERFORI	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent Charic DID TOBACCO US 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Period Control of Check only One) 29a. CERTIFIER (Check only One) 29b. SIGNATURE AND TITLE O	CONTRIBUTE CONTRIBUTE MEDICAL HOSP 1 Inp 26s Wild not be larmined WING PHYSICIAN: To the contribute to the contribu	TO CAU TTAL: satiant 2 = E a. DATE OF IN (Month, Day, the beat of my basis of axar	SE OF DEAT 26. PLACI 27. PLACI 28. PLACI 28. PLACI 29. PLACI 29. PLACI 29. PLACI 29. PLACI 29. PLACI 29. PLACI 29. PLACI 20. PLACI	Peuiting in The Peuiting in The Peuiting in The Peuiting In Th	The underlyle of the un	UNCERTAL DIVIDITY AT YES 2 NO Idea and place, and du death occurse at the	6 Oth 2ed. DE 261. LO Chy a to the ca e tima, dat	PERFORI 1 YES 2 Per (Specify) SCRIBE HOW IN CATION (Street a y or Yown, State)	MED? NO NO NO NO NO NO NO NO NO N	or Rural R	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 FES 2 NO Noute Number, and manner as stated. (Month, Day, Year) 17/94



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MARYLAND 21215-0020	or attending
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BALTIMORE,	death.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

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TOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached by the Mental Hygiene prior to burial, cremation, or removal.

STATE OF	MARYLAND / DEPA	ARTMENT OF	HEALTH A	AND M	IENTAL I	TYGIENE
	CERTI	FICATE OF	F DEAT	Н		REG NO

	1 - FOR STATE OF MARY	LAND / DEPARTI CERTIFIC	MENT OF H	EALTH AND		YGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	OZ.IIIII	DATE OF	DEATH	2. DATE OF			3. TIME OF DEATH			
1	Ruby I. Knellinger				MONTH	t 22,	1QQ/	1:20 p. M			
		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF			HPLACE (State or Foreign			
	212-07-7554 1 N 2 X F 90	YRS.	ONTHS DAYS	HOURS MIN.	Feb.		Coun	try)			
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) 310 S. Washington Street RESIDENCE OF DECEDENT		Baltimo	r Location of D	EATH	94	c. COUNTY OF	DEATH			
RE	10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?			
LD	Maryland	Bal	ltimore	ZIP CODE		1	0.7.70	1 X YES 2 - NO			
FUNERAL	310 S. Washington Street			21231			U.S.A.	WHAT COUNTRY?			
5	11. MARITAL STATUS 12 WAS DECEDENT EVED	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (S	pecify Yes or I	No.— 14. RAC	E — American Indian,			
BY F	1 X Never Married 2 Married FORCES? 1 YES	DATES NO	if yes, spe	2 X NO Specific		n, etc.)	Spe	ck, White, etc.			
	3 Wildowed 4 Divorced				•			White			
띹	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	SUAL OCCUPATION done during mo	N st of working	16b. Kill	D OF BUSINE	SS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use r	retired.)	a or worlding							
× ×	N/A N/A 17. FATHER'S NAME (First, Middle, Last)	Homemake	er			n Home					
8				18. MOTHER'S NA							
BE	William Knellinger 19a. INFORMANT'S NAME (Type/Print)			Clara							
2	The state of the s			nd Number or Rural			, ,	1 21221			
	Charles E. Knellinger (Brth			ngton St							
	20a METHOD OF DISPOSITION 1 X Burlal 2 Cremetion 3 Ramoval from State 4 Donation 5 Other (Specify)	b.PLACEAND DATE OF innetery, crematory or other Baltimore	r place)	me of	8/24		ON — City or T	,			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	baltimore		D ADDRESS OF FA		par	стщоге	, Maryland			
	· Robert A Badack	1	Schir	nunek Fu Brehms	neral		ore. M	d. 21213			
	23. PART I. Entar tha diseases or complications that cause shock, or heart fallure. List only one cause on IMMEDIATE CAUSE (Final disease or condition resulting in death) But TO (OR AS)	ed the death. Do not each tine. SOSC (100 A CONSEQUENCE OF):		da of dying, suc	ch as cardiac	Dr raapirato	ory arrest,	Approximate Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE DF): C. DUE TO (OR AS A CONSEQUENCE DF): d.										
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to death	but not reaulting in	the undarlying	cause given in		PERFORMED	07	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ž	DID TOBACCO USE CONTRIBUTE TO CAUSE (OF DEATH YES	□ NO	UNCERTAI	пП						
X I	25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF DEATH		-							
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Out	patient 3 DOA 4	THER:	SARasidence	6 ☐ Other (Sn	nacify)					
₹∥	27. MANNER OF DEATH 28s. DATE OF INJURY	26b. TIME C	OF 28c. INJU	JRY AT		BE HOW INJUS	RY OCCURED				
ВУР	1 Natural 5 Pending (Month, Day, Year)	INJUR		ES 2 NO							
ED	Z Necrosiii	Y — At home, farm, stre	et, factory, offica		281. LOCATIO City or To	N (Street and N wn, State)	Number or Rural	Route Number,			
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the basis of examinating							a) and menner se stated			
	29b, SIGNATURE AND TITLE OF CERLIFIER		1	29c. LICENSE NUI							
8	The o			-	673	294	d/Ja-	(Month, Day, Year)			
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type. Pri	rint)	V20	01/		1109	194			
	Dr. George Lowe, 5810 Belai	r Road, Ba		, Md.	21206						
	AUG 25 1994 July 334 FOR THE STATE OF THE ST	es est									

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on ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 nours after death. Page 6 may be retained by the h	FAX THECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be d	cramoth
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ı		FOR STATE REGISTRAR 1. OECEDENT'S NAME (First, Middle, La		ARYLAND C	DEPAR ERTIF	TMENT O	F HEAD	TH AND I	MENTAL HYGIEI REG. NO		
	1	PEARL		CKMI	AN				2. DATE OF DEATH	3. TIME OF DEATH	
Ì		4. SOCIAL SECURITY NUMBER 220-46-449	1 M 2 X F	8. AGE (In yrs. In	st birthday) YRS.	IF UNDER 1 YE MONTHS DA	AR IF I	JNDER 24 HRS. JRS MIN.	7. DATE OF BIRTH	905	BIRTHPLACE (State or Foreign MARYLAND
	TOR	TOTALIMEDI HODI HAD CERTERY									NTY OF DEATH BALTIMORE
	DIRECTOR	100. STATE 100. COU	NTY		10c. CITY	BALT		3			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	FUNERAL	100. STREET AND NUMBER 6948 MARSUE DRI	VE,APT. 2D				101. ZIP	21215	5	10g. CIT	USA
	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 I IF YES, GIVE WAI	YES 2 X	RMED NO	t3. WAS	OECENDE s, specify YES 2 2	NT OF HISPAN Cuben, Mexica NO Specify	NC ORIGIN? (Specify You, Puerto Ricen, etc.)	e or No—	14. RACE — American Indian, Black, White, atc. Specify: WHITE
	COMPLETED	15. DECEDENT'S & (Specify only highest gr Elementary/Secondary (0-12)	DUCATION side completed) College (1-4 or 5+)	16a. Di	Give kind of w b. Do NOT us	USUAL OCCU vork done durin e retired.)	g most of t	working	16b. KIND OF BU		DUSTRY
at once.	BE COM	17. FATHER'S NAME (First, Middle, Last) SIMON		GLEIM				MOTHER'S NA	ME (First, Middle, Maide)	Surname)	
be notified	TO B	190. INFORMANT'S NAME (Type/Print) MR. STEPHEN	LUCF	(MAN 15		ADDRESS (SE		mber or Rural F	Oute Number, City or Tox		ORE, MD 21208
must		20a METHOD OF DISPOSITION 1 Description									
or removal. medical examiner	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS, INC. 6010 REISTERSTOWN RD BALTIMORE									ORE, MD 21215	
I, cremation, or removal event, the medical		23. PART I. Enter/the diseases, shock, or heart fellul iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ASP11	e on each fine	0 N	PNE		dying, such		iratory en	Preet, Approximate Interval Between Onset and Death
or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
shows any injury,	: MEDICAL	DADT ii Other conditions conditions conditions conditions and the last transfer of the conditions and the conditions are the conditions and the conditions are the co								24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO	
State Dept Item 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outpatient	L □ DOA	OTHER:		OF OEATH (Che	ock only one) 6 Other (Specify)		
is marked, or	ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28s. OATE OF IN (Month, Day,	JURY	26b. TIMI	E OF 280 URY	INJURY /		28d. DESCRIBE HOW	INJURY OC	CURED
after death with	ETED B	# Accident Investigation 3 Suicide 6 Could not 4 Homicide determined	ome, larm, s	treet, factory,	office		281. LOCATION (Street City or Town, State		or Rural Route Number,		
1	OMIDE		YSICIAN: To the best of m								ted.
Do 1954 W	TO BE C	29b. A TURE AND TITLE OF CERTIF	me soul	F			29c.	LICENSE NUM	BER	29d. OAT	E SIONED (Month, Day, Year)
		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Typo, Print) 1. I) ESM, MP (1) N. W. HOSO NOV. (TO. a. 5401 DUD (Lange 7 (4)) (ADDRESS ON 2012)									
	18	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR				1447			V V V V	111 716 20 2011 2 - 112 -

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. N	O.		
	1. DECEDENT'S NAME (First, Middle, Less BLOOMA	LEA	DERMA	N		2. DATE OF DEATH		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 220-44-8621	100000	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-19-1	6	BIRTHPLACE (State or For	
В	9a. FACILITY NAME (If not institution, give 11 SLADE AVE,				OR LOCATION OF DEAL	тн	9c. COUNTY OF DEATH BALTIMORE		
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN								
DIRECTOR	MARYLAND	BALTIMORE	10e. CITY,		TIMORE			10d. INSIDE CITY LIMITS? 1 YES 2	
FUNERAL	100. STREET AND NUMBER 11 SLADE AVE,	APT. 607		10	1. ZIP CODE 21208		10g. CITIZE	USA	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR I	2 100	If yes, sp	CENDENT OF HISPANIC Decify Cuban, Mexican, 3 2 X NO Specify:		fes or No—	I. RACE — American India Black, White, atc. Specify: WHITE	
ETED	15. DECEDENT'S EC (Specify only highest gra		16a. DECEDENT'S L	ork done during mo	ON ost of working	16b. KIND OF E	USINESS/INDU	STRY	
P.E.	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)		,	THE THOMES		
COMPL	12 17. FATHER'S NAME (First, Middle, Last)		HC	DUSEWIFE		E (First, Middle, Maid	AT HOME	-	
BE C	ALEXANDER	PETUS	SKY		EUNICE				
TO B	19a. INFORMANT'S NAME (Type/Print) ALEXANDER JOHN	I EVDEDWYN	196. MAILING	ADDRESS (Street)	and Number or Rural Ro DURT RD BA			08	
	20s_METHOD OF DISPOSITION 1								
	21. SIGNATURE OF FUNE ALL BERNOLE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS, INC. 6010 REISTERSTOWN RD BALTIMORE,								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· CHBN	A CONSEQUENCE OF	-VB17	OFFE PASO		20718		
AL C	PART II. Other significant conditi	ons contributing to death	but not resulting in	the underlyin	g cause given in P		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FI AVAILABLE PRIOR	
MEDICAL						1 YES		COMPLETION OF COF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Chec	ck only one)			
SIC	1 VES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out	tpetlent 3 DOA	OTHER: 4 Nursing Hon	ne 5 Residence 6	□ Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY WO	JURY AT ORK? YES 2 NO	26d. DESCRIBE HON	V INJURY OCCU	RED	
TED E	3 Suicide a Could not b	26a. PLACE OF INJUR building, atc. (Sp.	ty — At home, farm, st ecify)	treet, factory, offic	10	261. LOCATION (Stree City or Town, Sta	et and Number of ite)	Rural Route Number,	
OMPLE		YSICIAN: To the best of my known							
O BEC	296 SIGNATURE AND TITLE OF CERTIF	Sutz M	5		29c. LICENSE NUME TO 6 GOS		29d. DATE	SIGNED (Month, Day, Year)	
TO BI	30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print)			0		
	IRVING R.	LOWITZ	VAD	754	ADE AVE	女フィフ	MALTA	MU) 2120	

STATE OF MARYLAND / OEPARTMENT OF HEALTH AND MENTAL HYGIENE

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO. QENT'S NAME (First, Mide 2. DATE OF DEATH TIME OF DEATH IF UNDER 1 YEAR IF UNDER 24 HR 7. DATE OF BIRTH DAYS HOURS funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR RESIDENCE CEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Alahina Kegre t TYES 2 NO FUNERAL 10e. SPREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 747 6 Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—II yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. t Never Merried 2 Married BY 3 Widowed 4 Divorced Black ETED 18a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION t6b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) ry/Secondary (0-12) College (1-4 or 5+) COMPL ecretary 5. 12991 once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First Middle te Burtes e 2 0 BE nar notified 19b. MAJLING ADDRESS (St 2 2 Lane e 20a. METHOD OF DISPOSITION 200 PLACE AND DATE OF DISPOSITION PATE 20c. LOCATION - City or Town, State must Burlat 2 Cremation 3 -8/29/94 Al 5 Other (Specify) examiner FUNERAL SERVICE LICENSIEE ADDRESS OF FACILITY F. H. Wast in and completely filled in by the to burial, cremation, or removal. ours after medical sea, or complications that calused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse Interval Between Onsat and Desth IMMEDIATE CAUSE (Final Abdominal the disease or condition cinomat 3-6 mos resulting in desth) event. requires that the death certificate be executed with DUE TO (OR AS A CONSEQUENCE OF traumatic MB CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if sny, lesding to immediate been signed by the attending physician it, of Health and Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury other 1 DUE TO (OR AS A CONSEQUENCE OF). that initiated eventa resulting in death) LAST 0 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? shows any 1 TES 2 NO 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 🔽 s certificate has be the State Dept. OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Te E EXAMINER? HOSPITAL: OTHER 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28b. TIME OF INJURY 28e. DATE OF INJURY 28c. INJURY AT WORK? this c. 28d. DESCRIBE HOW INJURY OCCURED marked. onth, Day, Y Natural 5 Pending 1 YES 2 NO ВУ After 1 Accident Investigation 28s. PLACE OF INJURY — At he building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is DIRECTOR: / COMPLETED Could not be 4 Homicide detarmined 29a. CERTIFIER t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. THE HOSPITAL O THE FUNERAL D filed within 72 ho TO THE HOSPITAL

TO THE FUNERAL

De filed within 72 h

IMPORTANT: # 1 (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 343 D 0 2 RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 23 me Crossroads MICHPE ULT 2 3t. DATE FRED

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DAY

21

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

6.35

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed wife fours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIRECTOR

FUNERAL

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COMPLETED

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH William -William Patrick Lusk 8 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 216-66-3059 11 M 2 - F 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH Johns Hopkins Bayview Medical Ctr. Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION Maryland Baltimore Dundalk 10e. STREET AND NUMBER 10f. ZIP CODE 4249 Lynhurst Road 21222 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2/2/NO IF YES, GIVE WAR OR DATES 1 Naver Married 2 XX Married 1 YES 2 NO Specify 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only high Elementery/Secondary (0-12) College (1-4 or 5+) 12th Grade Professional Painter 17. FATHER'S NAME (First, Middle, Lest) William F. Lusk 19a. INFORMANT'S NAME (Type/Print) Patricia K. Lusk 20b. PLACE AND DATE OF DISPOSITION (Name of DATE

7. DATE OF BIRTH (Month, Day, Year) 03/17/1956 Maryland 9c. COUNTY OF DEATH 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Black, Whita, atc. If yes, specify Cuban, Mexican, Puarlo Rican, etc.) Specify: White 16b. KIND OF BUSINESS/INDUSTRY P.A.T. Enterprise 18. MOTHER'S NAME (First, Middle, Maiden Surname Alvina P. Golaboski 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code 4249 Lynhurst Road Dundalk. MD 21222 20e. METHOD OF DISPOSITION
1 Burlel 2XXCremation 3 Re 20c. LOCATION -- City or Town, State Hilltop Service Corp. 8/26/94 4 Donation 5 Other (Specify) Towson, Maruland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda⊷Ruck Funeral Home of Dundalk, Inc. 7922 Wise Avenue Dundalk, Maryland 21222 23. DARY I. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximata ehock, or heart failure. List only one ceuse on each line interval Between **Onset and Deeth** IMMEDIATE CAUSE (Final disease or condition resulting in death) Infection 40 DUE TO (OR AS A CONSEQUENCE OF) 0 to Splenetomu Sequantially list conditione, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 X YES 2 NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 X Inpetient 2 - ER/Outpetient 3 - DOA OTHER 1 | YES 2 | NO Nursing Homa 5 - Realdence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural INJURY 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 | Homicide 29e. CERTIFIER (Check only 1 📈 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, end due to the cause(a) end manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 95020 94 21 ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BAYVIEW Hopkins ONT JUMPS 32. REGISTAR'S SIGNATURE

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	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		NTAL HYGIENE REG. NO.	E		
7	DECEDENT'S NAME First, Middle A. SOCIAL SECURITY NUMBER	8E [IBE	RITO		0.0	24 94	3. TIME OF DEATH 0335 A M	
	218-70-0812	1 □ M 2 🔯 F	(In yrs. lest birthday) 88 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	DATE OF BIRTH (Month, Day, Year) 12-08-05	Coun	MARYLAND	
TOR		GENERAL HOSPITA	L		R LOCATION OF DEATH		9c. COUNTY OF	VARD	
DIRECTOR		HOWARD	10c. CITY	TOWN OR LOCAT	NSVILLE			10d. INSIDE CITY LIMITS? 1 YES 2 Y NO	
ERAL	100. STREET AND NUMBER 6540 REDGATE (CIRCLE		10f.	ZIP CODE 21228		1000	WHAT COUNTRY?	
BY FUNER	11. MARITAL STATUS 1 X Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	277 NO	If yes, spe	ENDENT OF HISPANIC Coolify Cuban, Mexican, Pro 2 NO Specify:			E — American Indien, ck, White, etc. city: WHITE	
PLETED	15. DECEDENT (Specify only highes Elementary/Secondary (0-12)	'S EDUCATION it grade completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of we life. Do NOT use HOMEMA	ork done during mos retired.)	en st of working	166. KIND OF BUSI			
BE COMPL	17. FATHER'S NAME (First, Middle, LI ANT'HONY LIBER'	го				First, Middle, Maiden S GLORIOSO	Sumame)	-	
TO BI	19a. INFORMANT'S NAME (Type/Prin ANTHONY LIBER' 20a. METHOD OF DISPOSITION	IO (NEPHEW)	1835 I	LORENCE	ROAD MT.	AIRY, MA	RYLAND	21771	
Tenting to the second s	1 (XBurlal 2 Cremation 3 4 Donation 5 Other (Specify 21. SEGNATURE OF FUNCTIAL SERI	Ramoval from State	b. PLACE AND DATEO metery, crematory or oth CATHEDE	RAL CEME 22. NAME AN	TERY 08-26	5-94 BAL		MARYLAND	
	23. PART I. Entar the dieeese	a, or complications that cause	d the deeth. Do n	1630 E	M & RUSSEI DMONDSON A de of dying, auch as	VENUE CA	TONSVILI	LE MARYLAND	
	shock, or haert to iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DUE_ZO (OR AS	CONSEQUENCE OF	MON	IA	(), () ()	70	Interval Between Onset and Death	
ERTIFICATION	Sequentisily list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	c. OUE TO (OR AS)	A CONSEQUENCE OF	RAT	ATR	ORDI	1		
MEDICAL CE	PART II. Other significent con	nditions contributing to death t	out not resulting l	the underlying	cause given in Fer	24e. WAS AN A PERFORM	MED?	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN: I	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)								
Y PHYS	1 VES 2 NO 27. MANNER OF OEATH Netural 5 Pending Accident Investig		patient 3 DOA 28b. TIME	OF 28c. INJI	JRY AT RK? ES 2 NO	Other (Specify)	JURY OCCUREO		
ED	3 Suicide 8 Could r 4 Homicide determi	28a. PLACE OF INJURY building, atc. (Spe	Y — At home, ferm, s	treet, factory, office	281	LOCATION (Street ar City or Town, State)	nd Number or Rural	Route Number,	
O PLE		PHYSICIAN: To the heat of my know						s) and manner as stated.	
TO	296. SIGNATURE AND THE OF CE	N WIND COMPLET ED-CAME OF DE	MACON ETT ATTOCK	M	29-4-COMPONUMBER	109	29d. DATE SIGNE	D (Month, Day, Year)	
	31. DATE FILED (Month, Day, Year)	DUKGL N	NATURE S	9	501 OL	D BYNI	11 11	1100	
	AUG 25 1994	Jalin Dawidson Ra	dalle			KUL	-1-00		

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		d completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2. 3 should
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BALTIMORE, MARYLANI	I WE ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the host	LINECTOR AIM: this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
	hours after de	ely filled in by the fu
OX 68760,	be executed with	ician and complete
3, P.O. B	ne death certificate	the attending phys
L RECORI	law requires that the	as been signed by
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IB PHYSICIAN: The	ner this certificate his
DIVISIO	L PR ATTENDOR	E DRECTOR: AR

	1 - STATE STATE OF MARYLAND / DEPAR CERTIF	TMENT OF HEALTH AND ICATE OF DEATH	MENTAL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) James Mayor		2. DATE OF DEATH DAY YEAR 3. TIME OF D							
	4. SOCIAL SECURITY NUMBER 3. SEX 1 M 2 F 6. AGE (In yrs. lest birthday) 25/-40-2172 1 M 2 F 65 YRS.	(Marth, Day, Year) 10 - 1 - 28	nr) Country)							
TOR	9a. FACILITY NAME (If not institution, give street and number) VA Medical Center RESIDENCE OF DECEDENT	9b. CITY, TOWN OR LOCATION OF D BALTIMORE	DEATH 9c. COUNT	Y OF DEATH						
DIRECTOR	10a. STATE 10b. COUNTY 10c. CIT		10d. INSIDE CITY LIMITS? 12 YES 2 NO							
FUNERAL	100. STREET AND NUMBER - FASER ST	101. ZIP CODE 2/21	10g. CITIZE	og. CITIZEN OF WHAT COUNTRY?						
BY FUN	11. MARITAL STATUS 1 Plever Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Specific	an, Puerto Rican, etc.)	4. RACE — American Indian, Black, Whita, etc.						
COMPLETED			16b. KIND OF BUSINESS/INDU	STRY						
COMI	17. FATHER'S NAME (First, Middle, Last)		AME (First, Middle, Maiden Surname)							
BE	19e. INFORMANT'S NAME (Type/Print)	ADDRESS (Street and Number or Bure	PROUTE Number, City or Town, State, Zip C							
5	Idell HARRIS 174	11 5. EAG	CLST. BAK	md 2/2/3						
	1 MBuriel 2 Cremetion 3 Removal from State	OF DISPOSITION (Name of ther place)	DATE 20c. LOCATION - CH	ty or Town, Stata						
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF	ACILITY	Mills mal-						
	13-1-12 P. H. 14 11 11 11 11 2/13/3									
ERTIFICATION	23. PART I. Enter the diseases, or complications that caused tha death. Do not anter the mode of dying, such as cerdiac or reapiratory arrest, shock, or haert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Sepsis Due to (or as a consequence of): Sequantially list conditions, if any, leading to immediate									
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST E Sephrage Perfaration Due to (on as a consequence of): E Sephrage Cancer									
MEDICAL CI	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. Malwortnorism Status Post Chewotherapy 1 yes 2 to No 1 yes 2 to No									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? MOSPITAL:	26. PLACE OF DEATH (C	heck only one)							
HYS	1 YES 2 NO 1 Impetient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIM	4 Nursing Home 6 Residence	6 ☐ Other (Specify) 28d. DEŞCRIBE HOW INJURY OCCU	BED						
ВУ Р	1 Netural 5 Pending (Month, Dey. Year) 2 Accident Investigation									
8	3 Suicide 6 Could not be datermined City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Rou City or Town, State)									
D BE COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
BE C	296. SIGNATURE AND TITLE OF CERTIFIER Charles S. Drumkend. 4 10 29c. LICENSE NUMBER 29d. DATE SIGNED (M.									
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITÉM 27) (7/10)	sident Pene	4 5 B	124/94						
	10 N. Greene Street Belt	more, MD	21201							
	AUG 25 1994 July 35 to set the state of the set the se									

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

		Tolon Andriagen Washington Washington								3. TIME OF DEATH				
		4. SOCIAL SECURITY NUMBER 164-07-6919	5. SEX	5. SEX 6. AGE (In yrs. leel birth		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.					8. BIRT	8. BIRTHPLACE (State or Foreign Country) Pennsylvania		
should		9a. FACILITY NAME (If not institution		70		9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH			
2, 3	DIRECTOR	Copper Ridge N	ursing Home	2		S	ykes	svill	.e			Carroll County		
Pages 1,	3EC		COUNTY		10c. CIT	Y, TOWN	R LOCA	TION					10d, INSIDE CITY LIMITS?	
			arroll Co.		Wo	odbi	ne						1 TES 2 NO	
t permit.	FUNERAL	10e. STREET AND NUMBER 10f. ZIP CODE						10g. CITIZEN C			WHAT COUNTRY?			
020 physician. burtal-transit		7409 Morgan	7409 Morgan Rd. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED				21797 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specif				tu Maa sa Na	Lucia	E — American Indian.	
D 2	BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1XXYES 2 NO			If yes, specify Cuben, Mexican, Pt. 1 YES 2 NO Specify:				an, Puerto Rican, et			ck, White, etc.	
r attend	9	15. DECEDENT (Specify only highes		16	a. DECEDENT'S	USUAL O	CCUPATH	ON ost of working	na	16b. KIND 0	F BUSINESS/I	NOUSTRY		
	LETI	Elementary/Secondary (0-12)	College (1-4 or 5		lectric	se retired.)			•	A.T.	ር.ጥ			
the hospital detached to once.	COMPL	17. FATHER'S NAME (First, Middle, La		IS. E.	rectric	al E	ugri	1	HED'S MA	ME (First, Middle, N				
YL/			Mason							abeth W		,		
MARYLAND retained by the hospit 5 should be detached notified at once.) BE	19a. INFORMANT'S NAME (Type/Prin	()		19b. MAILING	ADDRESS	(Street	and Number	or Rural	Route Number, City	or Town, State,	Zip Code)		
	5	Mrs. Mary Ann	Jackson		7409	Morg	an I	Rd.	Wood	dbine, M	D 21	797		
TOR e 6 ma ector, p		20a. METHOD OF DISPOSITION 1 & Burlal 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremeiory or other piece) Wildwood Cemetery 8-25 Williamsport, PA												
ALTIMO death. Page 6 tuneral directo 		21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE	10		Bu	NAME A	NO ADDRE	ss of fa	Funeral	Direc	tors	P.A.	
0 = 0		John k	C Asmore	h									d, MD 21784	
BOX 68760, findate be executed within, mours after physician and completely filled in by the prior to burial, cremation, or removal set traumatic event, the medical	CERTIFICATION	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) STROKE DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
P.O. Ith certiff tending all Hygien or oth	ERTIF	that initiated events reaulting in death) LAST d DUE TO (OR AS A CONSEQUENCE OF):												
ECORDS puires that the d signed by the Health and Me	MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause g					given in	PI	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
AL RE e law request has been Dept. of 1 23 sho	AN	25. WAS CASE REFERRED TO MEDI	CAL				26 PI	ACE OF O	EATH (C)	neck only one)	ordinasti.			
T de se e	SICI	EXAMINER? 1 Tes 2 No	HOSPITAL:	☐ ER/Outpatie	nt 3 🗆 DOA	OTHER	3:			6 Other (Specif	()			
O 돌 등 등 회	BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investig	9 1	F INJURY Day, Year)	26b. TIR	-	28c. IN.	JURY AT DRK? YES 2		28d. DESCRIBE		OCCURED		
ISIC TTENDI TTOR: A after d	0	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)						281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
로 크 이 느	COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 I	BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 8/25/94												
	ТО	30. NAME AND ADDRESS OF PERSON ST. DATE FILED (Month, Day, Year) ALIC 9 5 1094	ON WHO COMPLETED CAN ALL STN 32. REGISTR	AR'S SIGNATU	5	5740		TEN	0)	tres a	o Ca	ARKS	Mort was	



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be finded within 72 burial within the page 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be finded within 72 burial within the page 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be finded within 72 burial and highly physician or enthus the market at the page 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	
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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) a	/k/a E. J	OAN McC			2. DATE OF DEATH		3. TIME OF DEATH		
	ETHEL McCU	JLLOUGH						YEAR 945:35 Δ M		
				UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		B. BIRTHPLACE (State or Foreign		
			63 YRS. MO	NTHS DAYS	HOURS MIN.	sept.6,19	30 M	Maryland		
Œ	9a. FACILITY NAME (If not institution, give street			CITY, TOWN C	R LOCATION OF D	EATH	9c. COUNT	TY OF DEATH		
5	NORTHWEST HOSPIT	AL CENTER	ξ I	RANALI	STOWN		BALT	IMORE		
DIRECTOR	10s. STATE 10b. COUNTY Maryland Howard	County	10c. CITY, TO	Woodst				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
AL 1	10e. STREET AND NUMBER	-		101	ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?		
ER.	10325 Cavey Lane; B	3ox 27		ļ	21163		USA	4		
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	II yes, spe	cify Cuban, Maxico	NIC ORIGIN? (Specify Yearn, Puerlo Ricen, etc.)	or No — 1	14. RACE — American Indian, Black, White, etc.		
D BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR O			2 X NO Specif	ly:		specify: white		
E	15. DECEDENT'S EDUCATION (Specify only highest grade company)	npleted)	(Give kind of work life. Do NOT use re	done during mo-		16b. KIND OF BU	SINESS/INDU	STRY		
PLE	Elamentary/Secondary (0-12) Co	College (1-4 or 5+)	homemaker			own	home			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest) William E. Fra	zier			18. MOTHER'S NA Anna (AME (First, Middle, Meiden Cowley	Surname)			
BE (19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street a	nd Number or Rural	Route Number, City or Tow	m. State. Zio C	Code)		
5	Mr. James S. McCul	.1ough				x 27, Woods				
	20a. METHOD OF DISPOSITION 1	from State 20b	PLACE AND DATE OF D			OATE 20c. LO	CATION — CI	Ity or Town, State		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS		TCIMOLG-Ma			. Aug. 21,19		Laurel, MD		
	Le l. then	Alex	M00535			l Home, P. y, Maryland		13		
	23. PART I. Enter the diseases or comp	plications that caused	the death. Do not		_	_				
	IMMEDIATE CAUSE (Final	CARL W	ach line.					Intarval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 \(\subseteq \) NO OF									
ž	DID TOBACCO USE CONTRIBU	UTE TO CAUSE O	F DEATH YES	□ NO □	UNCERTAI	N D		1 TES 2 NO		
S		OSPITAL:	26. PLACE OF DEATH (C	Check only one)						
1YS	27. MANMER OF DEATH	Inpetient 2X ER/Outp		Nursing Home		8 Other (Specify)		200		
ВУ Р	Natural 5 Pending	(Month, Day, Year)	INJURY	WO	ES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCU	HED		
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, atc. (Spec		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	296. CERTIFIER 1 CERTIFYING PHYSICIAN	: To the beat of my knowl	edge, death occurred at	the time date	and place, and due	to the course(s) and more	ann an alatad			
M								cause(s) and manner as stated.		
	24 SUNITURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			SIGNED (Month, Day, Year)		
TO BE	munte breyk	yll			O.C.M.	Ε.		GUST 19,1994		
۲	30. NAME AND DORESS OF PERSON WHO CO			*	t, Balt	imore, M	arvla	and 21201		
	at. DATE FILED (Month, Day, Year)	22 BEGISTRAR'S SIGN	TURE				7			
	AUG 2 5 1994 \$4	in Deniem - Re	melable							

DHMH-16 Ray 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

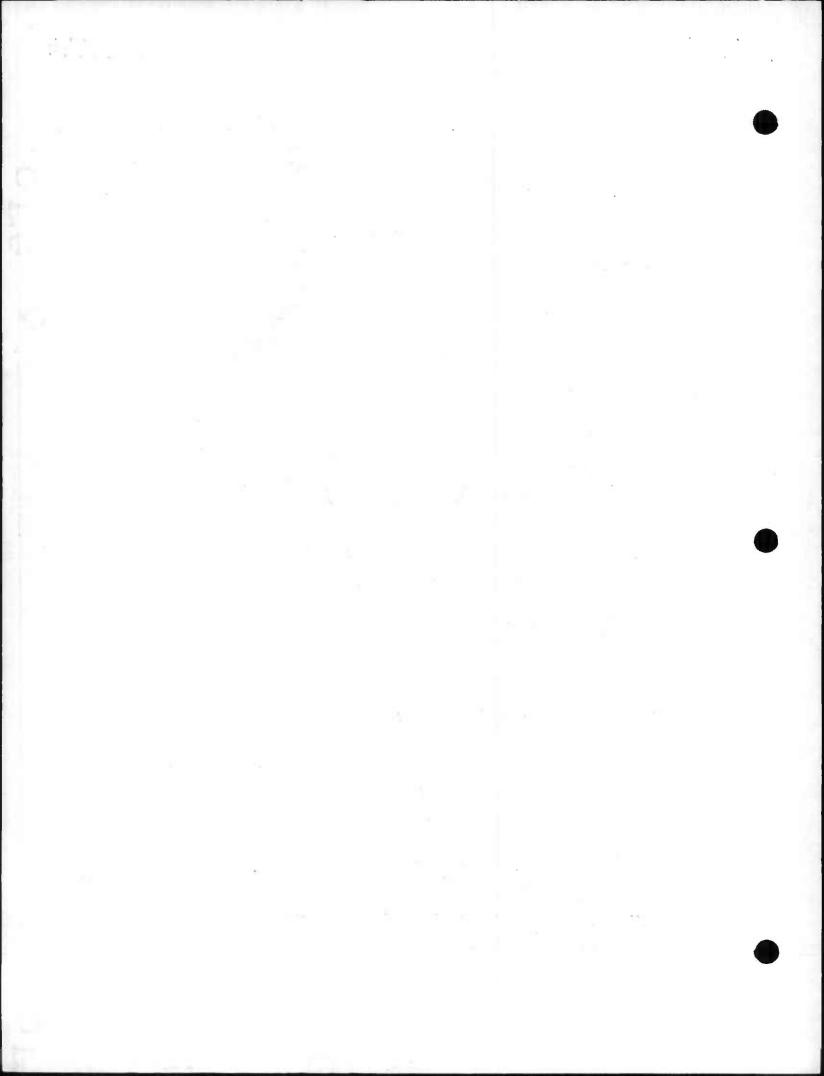
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

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DIVISION

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

-	HEGISTRAN			ENTIF	CALE	<u>. Or</u>	DEA	1 11	R	EG. NO.				
	1. OECEDENT'S NAME (First, Middle, Last)								2. DATE OF E	EATH DA	Y	YEAR	3. TIME OF DEAT	Н
	Amalia August	MEYER August 19,1						1994		10:00	AM			
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. I	last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF B	HTTH (Year)		S. BIRTHE	LACE (State or For	reign
	212-10-3110	1 - M 2XXF	90	YRS.	MONTHS	DAYS	HOURS	WITH.	12/2	3/03		Curt	is Bay,	Md.
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	TOWN	R LOCATI	ON OF DEA	ATH		9c. COU	NTY OF DE	ATH	
DIRECTOR	Franklin Square	Hospital									Ba1	timo	re	
ច្ច	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		10- 0/7	r, TOWN O									
<u> </u>							ION						10d. INSIDE CITY	
-	Maryland	Da.	ltimo	_		_					1 / YES 2	NO		
FUNERAL		0					ZIP COD				10g. CITIZEN OF WHAT COUNTRY?			
ᄬᅵ	4428 Forest View				2120					USA				
	1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	YES 2X	NO NO					IC ORIGIN? (Sp , Puerto Rican		or No	14. RACE Black,	 American India White, atc. 	in,
a B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1	☐ YES	2 NO	Specify:				Specify	hite	
	15. DECEDENT'S EDU		18a. I	DECEDENT'S	USUAL OC	CUPATIO	ON		16b. KIN	D OF BUS	INESS/IND		111100	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	- 1	(Give kind of vite. Do NOT us	vork done a e retired.)	during mo	st of working	ng						
립	6	0011090 (1-0 01 0 7		erk					Md.	Cas	ualty	y Co.		
COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAM	ME (First, Middle	, Maiden	Surname)			
ш I	Julius Schaefer						Em	ilie	Beck					
9 0	19a. INFORMANT'S NAME (Type/Print)		1	19b. MAILING	ADDRESS	(Street s	nd Numbe	r or Rural R	oute Number, C	ity or Town	, State, Zip	Code)		
۲	Frank C. Meyer			4428	Fores	st V	iew	Ave.	Balti	more	, Md.	. 212	.06	
	29a METHOD OF DISPOSITION	oursi trom State		EANDDATE					DATE			City or Tow		
	4 Donation 5 Other (Specify)	Oval Holli State	Par	KWOOd	"Ceme	eter	У	8/2	22/94	Bal	timo	re, M	ld.	
	21. SIGNATURE) OF FUNERAL SERVICE LIC	CENSEE						SS OF FAC						
- 8	manual	1 mal	than	0					ral Ho					
\neg	23. PART i. Enter the diseeses, Dr o	complications that	ceused the	death. Do n	ot enter	7.4(11) the mo	Be I de pf dy	air l Ing. such	Road h	alt.i	more	md.	21236 Approxima	nte :
shock, Dr heert fellure. List pniy one ceuse on each line.								interval Be Onset and	etween					
	iMMEDIATE CAUSE (Final disease or condition	Possible	cereb	rovas	cula	r a	cide	nt					Oliset silo	D04011
ı	reaulting in desth)		OR AS A CONS				-0140	-116					+	
z		Moderate	ather	coscle	rosi	s								
HIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONS	EOUENCE OF	7:									
3	CAUSE (Disesse or injury	с												
Ė	that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EOUENCE OF	7:									
		d												
	PART ii. Other significant condition	s contributing to	death but not	resulting i	n the un	deriyin	cause	given in F	Part i. 24a	WAS AN			WERE AUTOPSY FIL	
DICAL									1.5	PERFOR		- 1	AVAILABLE PRIOR 1 COMPLETION OF C	
ш									'x	, , , ,		- 1	OF DEATH?	10
2	DID TOBACCO USE	CONTRIBUTE	TO CAL	JSE OF	DEAT	TH Y	ES [NO	E				1 TES 2 X	
¥	25. WAS CASE REFERRED TO MEDICAL					28. PI	ACE OF D	EATH (Chec	ck only one)					
2	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER		e 5 □ Re	esidence (5 Other (Spi	nc/fv)				
PHYSICIAN	27. MANNER OF DEATH	28a. DATE OF		28b. TIM	E OF	28c. INJ	URY AT		28d. DESCRIE		JURY OCC	CURED		
2	1 X Natural 5 Pending 2 Accident Investigation	(Month, Da	y, rear;	INJ	M	1 📗	RK7 res 2	NO NO						
	3 Suicide 8 Could not be	28a. PLACE OF building.	FINJURY — At I	home, farm, s	treet, facto	ory, offic			281. LOCATION		nd Number	or Rural Ro	oute Number,	
-	4 Homicide determined		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						City or ion	vii, State)				
COMPLEIED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of I	my knowledge,	death occurre	d at the ti	me, data	and place	, and due t	to the cause(a)	and man	ner aa atat	ed.		
∑ C	one) 2 MEDICAL EXAMINE												and manner as st	ated.
2	296. SIGNATURE AND TITLE OF CERTIFIES	1/1/2	0				29c. NC	ENSE NUMI	BEA	. 1	29d, DATI	E SIGNED/	Month, Day, Year)	
ן מ	()	your	ar				1	218	326		•	8/1	9/50	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (IT	EM 27) (Type,	Print)								1007	
	Dr. Naeem Gauhar	9000 Fra	nklin	Squar	e Dr	. Ba	1tim	ore,	Mary1	and	2123	7		
	31. DATE FILED (Month, Day, Year)	, 38 REGISTRA									-		•	
	AUG 251994 /	in divideor	mandall											J



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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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TO THE HOSPITAL OR THE LOW HENGLAN: The law requires that the death certificate be executed with. The hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours detached for use as the bunal-transit permit.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CE	RTIFIC	ATE OF	DEATH	REG	NO.			
	1. OECEOENT'S NAME (First, Middle, Last) MARGARET ISABEL	McIN	TYRE			2. DATE OF DEA	тн 23 ^м 1	994	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 215-07-3376	6. AGE (In yrs. last i		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT		s. einti MAR	HPLACE (State or Foreign	
OR	9a. FACILITY NAME (If not institution, give street and number) 805 GLEN VIEW AVENUE		96		R LOCATION OF 08 BURNIE	EATH	ac. co	NE AF	RUNDEL	
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND ANNE ARU	NDEL		OWN OR LOCAT N BURN.					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 805 GLEN VIEW AVENUE				ZIP COOE 21061			S.A.	WHAT COUNTRY?	
BY	1 Never Married 2 Married FORCES?	NT EVER IN U.S. ARM 1 YES 2 NO WAR OR OATES		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuben, Maxican, Puerto Rican, etc.) 1 ☐ YES 2 NO Specify: 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— Black, Specify					E — American Indian, k, White, etc.	
딢	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. OECI	EDENT'S USU	JAL OCCUPATIO	N at of working	16b. KINO O	F BUSINESS/I	NOUSTRY		
COMPLETED	Elementery/Secondary (0-12) College (1-4 or 1)	i+)	Do NOT use rei	ANAGER	t to norming	APART	MENTS			
BE CO	17. FATHER'S NAME (First, Middle, Last) WASHINGTON K. C. HIRS	SCH			18. MOTHER'S NA ANNA	ME (First, Middle, M BOCK	eiden Surname, ELMAN)		
2	19a. INFORMANT'S NAME (Type/Print) ANN MCINTYRE	19b.	MAILING AOG 305 GL	EN VIE	NUMBER OF RURAL F	Oute Number, City of GLEN E	V Town, State, A	Zip Code) , MD.	21061	
	20a. METHOD OF DISPOSITION 1 XBurial 2 Cremation 3 Removal from State	cemetery crem	atory or other	ISPOSITION (Na		8/25 1	c. LOCATION			
- 1	4 Donetton 5 Other (Specify)	_ GLEN H	IAVEN	MEMORI.	AL PK D ADDRESS OF FA		LEN BU			
	· James Such	EN .	_	1 SECO GLEN B	ND AVENU URNIE, M	E, S.W. ARYLAND	21061		AL HOME,	
		LCINO(4A				espiratory a	irrest,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
DICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 1 NO 24b. WERE AUTOPSY FIRMALABLE PRIOR COMPLETION OF COMPLETION									
PHYSICIAN: ME	DID TOBACCO USE CONTRIBUTE TO CA				UNCERTAIN	10				
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 LANGE TO MEDICAL HOSPITAL:		01	Check only one) THER:	- / H. Danielance	A				
£∥	27. MANNER OF DEATH 28s. DATE O	ER/Outpetient 3 [28b. TIME OF		S Reeldence	8 Other (Specify 28d, OESCRIBE H		CCUBED		
ВУР	1 Natural 5 Pending	Day, Year)	INJURY	WOI	RK? ES 2 NO			0001125	}	
	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide detarmined 28e. PLACE OF INJURY — At homa, ferm, street, factory, office City or Town, State) 28e. PLACE OF INJURY — At homa, ferm, street, factory, office City or Town, State)							Route Number,		
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the basis of								and manner se stated	
	296. SIGNATURE NO TITLE OF CERTIFIER		7		29g. LICENSE NUN			ATE SIGNED		
IO BE	Whineens Att	turding	Do	clar	D211	584	•	81	24/94	
	0 . 1 /	SE OF DEATH (TEM		-	CRNB	(ARAIL P	A /	7	1561	
	31. OATE FILED (MORP), PROOPS) Julia DEBERTI	OCRAIA	ione	1, 9	-12.013	~~~	199	.ט א	(06/	
	ДПБ 25 1994	·								

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 54 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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COMPLETED

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	FOR 1 - STATE REGISTRAR	STATE OF N	IARYLAND /	DEPAR	RTMENT	OF H	EALTH DE AT	AND I	MENTA	L HYGIEN REG. NO.	400			ĺ
9	1. DECEDENT'S NAME (First, Middle, Last)						-		2. DATE	OF DEATH		WEAR	3. TIME OF DEAT	ГН
	GREGORY LYN	IN Mo	COY		_					JUST "		1994	7:58	Ам
	4. SOCIAL SECURITY NUMBER 234-84-3431	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. lesi	YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	/Mont	of BIRTH th, Day, Year) tember:	20,19	Count	HPLACE (State or Fo try) estVirgi	
_	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	TOWN C	R LOCATI	ON OF DE	ATH		9c. COL	JNTY OF E	DEATH	
DIRECTOR	RTE# 522 RESIDENCE OF DECEDENT				HA	NCO	CK				WAS	SHIN	IGTON	
DIRE	West Virginia	Marion		10c. CIT	Y, TOWN C	R LOCAT	Fa:	irmo	nt				10d. INSIDE CITY LIMITS? 1 X YES 2	
FUNERAL	100. STREET AND NUMBER	MaryLouRe	tton Dr	ive		101. ZIP CODE 26554 10g. CITIZEN OF WIT					what country?			
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2-X	MED	1 1	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify: Cuben, Mexicen, Puerto Ricen, etc.) 1 YES 2 NO Specify: Specify: White					E — American India ok, White, etc.	ın,		
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	(Gi	ve kind of Do NOT u	work done se retired.)	done during most of working red.)					usiness/industry			
	17. FATHER'S NAME (First, Middle, Last) Floyd Edward McCoy 18. MOTHER'S NAME (First, Middle, Melden Surname) Carol Anderson													
TO BE	190. INFORMANT'S NAME (Type/Print) Helen McCoy		196	MAILING	ADDRESS Mary	(Street a	nd Number ettoi					ip Code) West	Virginia	265
	20a. METHOD OF DISPOSITION ***X**Suriel 2	oval from State	20b. PLACE A cemetery, crer Mt • Zi	ND DATE	OF DISPOS	ITION (Na			DAT	E 20c. LO	CATION —	- City or To	own, State y, WestVi	
	21. SIGNATURE OF FUNERAL SERVICE LIC	Marge	621		22.	NAME AN			CILITY M	arzull	o Fu	nera	1 Servic	е
-	mount of												yland211	b 5
	23. PART I. Enter the diseases, prosphere in the control of the co	a. Due to	sa Dn aach lina.					ing, suci	h ss car	disc or reapi	ratory sr	rrest,	Approxime Interval Be Onset and	atween
ATION	Sequantisily list conditions, If any, leading to immediate cause. Enter UNDERLYING													
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in dasth) LAST	DUE TO (OR AS A CONSEC	UENCE O	F):									
PART II ON THE ACTUAL TO THE ACTUAL THE ACTUAL TO THE ACTU							b. WERE AUTOPSY FI AMAILABLE PRIDR COMPLETION DF C OF DEATH?	TO						
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTR	RIBUTE TO CAI	USE OF DEAT	TH YE	S 🗆 I	10 []	UNC	ERTAIN		France	hun		1 PYES 2 1	10
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				TH (Check	only one)								
YSK	1 XYES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	t: ling Home	5 🗆 Re	eldence	XXothe	er (Specify)	SCEN	VE_		
PH	27. MANNER OF DEATH	28a. DATE OF (Month, Da		26b. TIM JN.	E DF IURY	28c. INJI		,	26d. DE	SCRIBE HOW IN	JURY OC	CURED		$\neg \neg$

EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outp XXother (Specify) SCENE Nursing Home 5 - Residence 27. MANNER OF DEATH 28c. INJURY AT WORK? 26d. DEŞCRIBE HOW INJURY OCCURED

28a. DATE OF INJURY (Month, Day, Year) 8 -22-266. TIME DF INJURY 7-58 1 Natural 1 YES 2 NO 60U13120 hicle 2 Accident 28e. PLACE OF INJURY — At building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number 3 Suicida

29a. CERTIFIER (Check only one) 2X MEDICAL EXAMINER: On the be

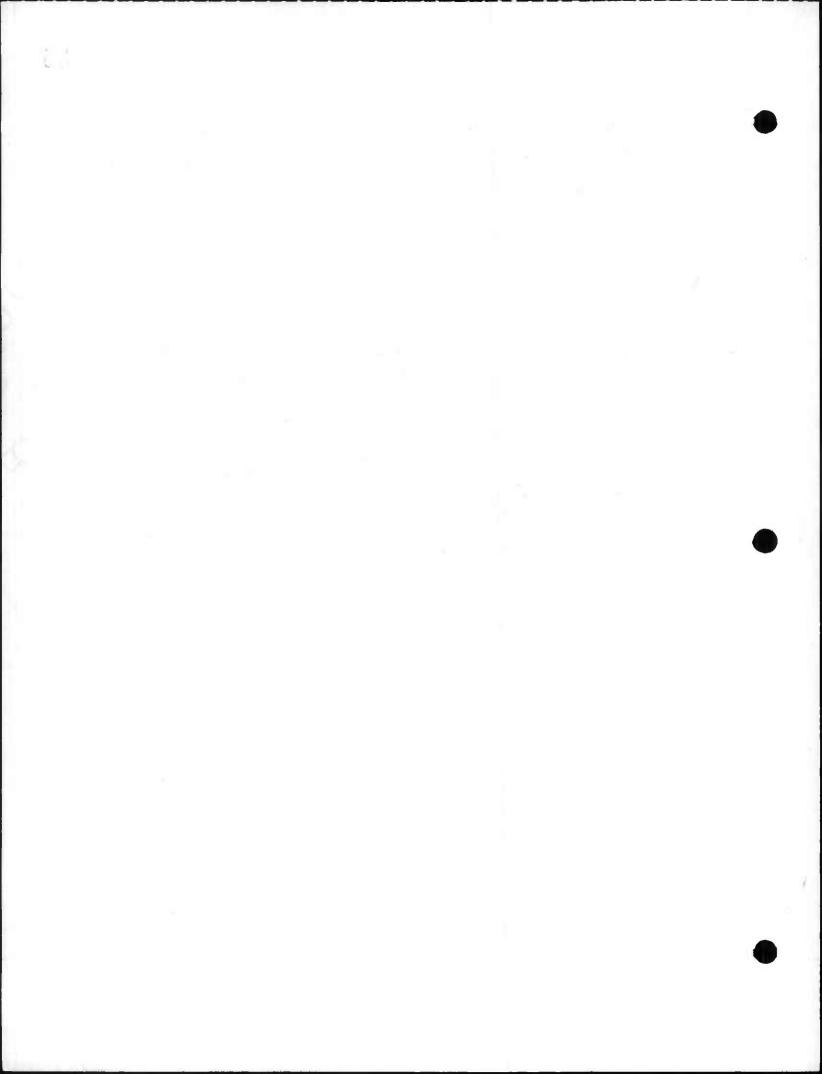
29b, SIGNATURE AND TITLE OF CERTIFIER O.C.M.E 29d. DATE SIGNED (Month, Day, Year)

AUGUST 23,1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

O ALLIO O COLLO CA 111 Penn Street, Baltimore, Maryland 21201

AUG 25 1994



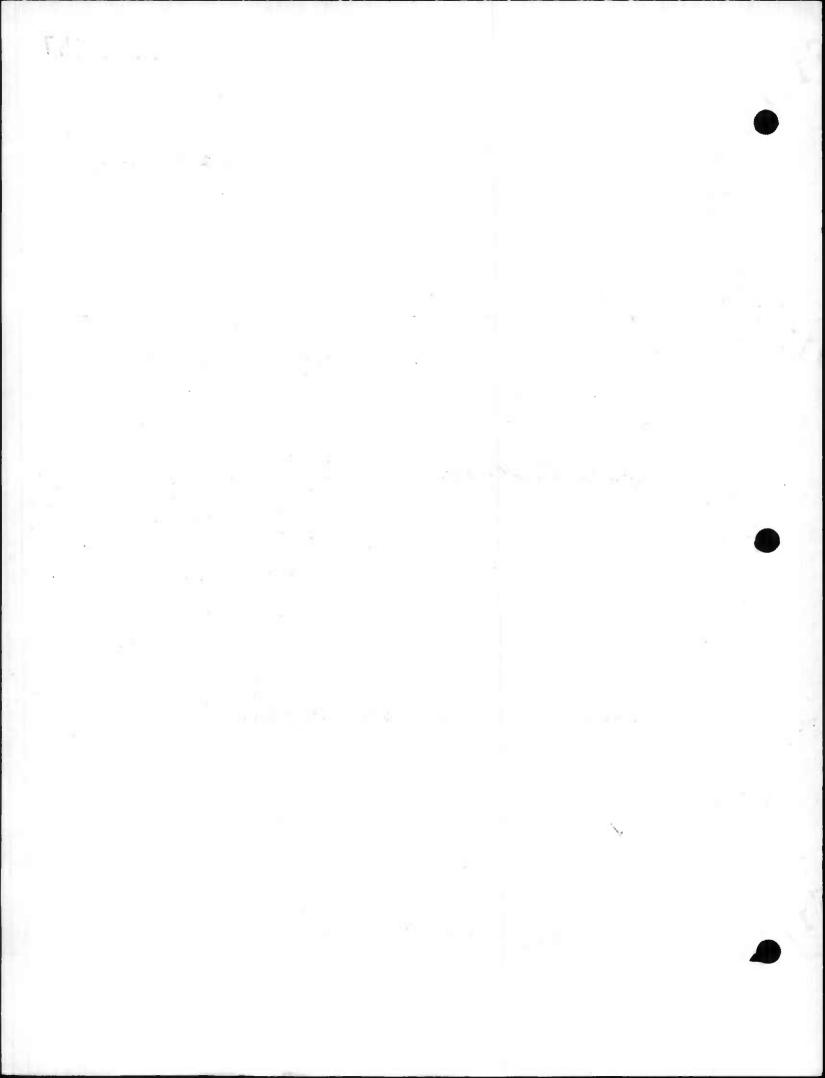
BALTIMORE, MARYLAND 21215-0020	fours after death. Page 6 may be retained by the hospital or attending physician.
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ITAL RECORDS, P.O. BOX 68760,	requires that the death certificate be executed within
VISION OF VITAL	LENDING NOSICIAN: The law
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THE TOTAL THE STREET AND SENDED BY THE Attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should send that the same Dec. of Health and Mental Hygiene prior to burial, cremation, or removal. INSIGNAL The law requires that the death certificate be

TO THE HOSPITAL OR TO THE FLINEHAL DIFFER THE WITHIN 72 DOUR

31. DATE FILED (Month, Day, West 5 1994

		D / DEPARTMENT OF HE CERTIFICATE OF D		AL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) Harold Lerdy M 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs 22018635711 Jrm 20 F		F UNDER 24 HRS. 7. DAT	3 22 9	3. TIME OF DEATH S / S M BIRTHPLACE (State or Foreign Country)				
TOR	98. FACILITY NAME (If not institution, give street and number) St. AGOCS HOSP. RESIDENCE OF DECEDENT	9b. CITY, TOWN OR	LOCATION OF DEATH	9c. COUNTY	OF DEATH				
DIRECTOR	10a. STATE 1Db. COUNTY	10c. CITY, TOWN OR LOCATIO	"o mre		10d. INSIDE CITY LIMITS? 1 VES 2 NO				
FUNERAL	10. STREET AND NUMBER 532 5, Catherine 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.	St.	DENT OF HISPANIC ORIG	3	JSA				
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	XNO II yes, speci	ty Cuban, Maxican, Puerto NO Specify:	o Rican, atc.)	. RACE — American Indien, Black, Whits, stc. Specify:				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5+)	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) Auto Mechan	of working	Sb. KIND OF BUSINESS/INDUS	Station				
BE COM	17. FATHER'S NAME (First, Middle, Last) Frederick Oliver McCre	Burnise a security of security over 10 to	8. MOTHER'S NAME (First,						
TO B	19s. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and	Number or Rural Route Nu	mber, City or Town, State, Zip Co	de)				
	Catherine E. McCready 20e. METHOD OF DISPOSITION 1 Burtel 2 Cremetion 3 Removal from State 4 Doneition 5 Other (Specify)	532 S. Cathe ICE AND DATE OF DISPOSITION (Name Crematory of other place) TO Crematory	of DA	Baltimore 26. LOCATION — Chy 26. Raltin					
	21. SIGNATURE OF SUNERAL SERVICE ACTINSEE M. 2011 George E. MacNabb	22. NAME AND MacNal	ob Funera	l Home, P.A Road Balto	Α.				
	23. PART i. Enter the disease, or complications that caused the shock, or heart failura. List pnly one cause on each immediate CAUSE (Finel disease or condition resulting in daeth) DIFTO (OR AS A CONTINUE TO (OR AS A C	e deeth. Do not enter the mode line. ULAIL FIBRIUM	of dying, such as ca	rdiec or reapiratory arresi	Approximate Interval Batween Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST MICCARDIAL INFARCTION VMDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
_									
N: M	DID TOBACCO USE CONTRIBUTE TO C	AUSE OF DEATH Y	ES IZ NO I		1 YES 2 NO				
SICIAN: ME	DID TOBACCO USE CONTRIBUTE TO C. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	28. PLAC	E OF DEATH (Check only	<u> </u>					
Y PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inputer 2 Er/Outpetien 27. MANNER OF DEATH 1 Netural 5 Pending	28. PLAC OTHER: 4 3 DOA 4 Nursing Home 28b. TIME OF 1NJURY WORK	S Residence 6 Oth	<u> </u>	1 TES 2 NO				
TED BY PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANUER OF DEATH 1 Netural 5 Pending Investigation 1 Accident Investigation	28. PLAC OTHER: 4 3 DOA 4 Nursing Home 28b. TIME OF 1NJURY WORK	E OF DEATH (Check only of 5	ner (Specify)	1 TES 2 NO				
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANUER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28. PLAC OTHER: 4 Nursing Home 28b. TIME OF 28c. INJURY WORK 1 YES thoms, lerm, strest, lactory, office o, death occurred at the time, data an	E OF DEATH (Check only of the control of the contro	DESCRIBE HOW INJURY OCCUP DESCRIPTION OCCUP DESCRIBE HOW INJURY OCCUP DESCRIPTION OCCUP	1 YES 2 NO				
BE COMPLETED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANUER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end	28. PLAC OTHER: 1 3 DOA 4 Nursing Home 28b. TIME OF 1 Sec. INJURY WORK 1 YES thoms, Ierm, strest, lactory, office o, death occurred at the time, data and lor investigation, in my opinion, deat	E OF DEATH (Check only of the control of the contro	CATION (Street and Number or y or Town, State) ause(s) and manner as stated, the end place, and dus to the c	1 YES 2 NO				
COMPLETED	25. WAS CASE REFERRIO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANWER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 28s. PLACE OF INJURY Abuilding, etc. (Specify) 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Company)	28. PLAC OTHER: 4 Nursing Home 28b. TIME OF INJURY WORK 1 YES thoms, lerm, strest, lectory, office o, death occurred at the time, data an Uor investigation, in my opinion, deat (ITEM 27) (Tope, Print)	SE OF DEATH (Check only of the check only of the check only of the check only of the check only of the check only of the check only of the check only of the check only only only only only only only only	CATION (Street and Number or y or Town, State) ause(s) and manner as stated, the end place, and dus to the c	1 YES 2 NO				



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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 2. DATE OF GEATH 3. TIME OF DEATH MONTH

7. DATE OF BIRTH 25 6:15A 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECU IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F YRS. Carolina permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF DEATH DIRECTOR ON RESIDENC OF DECEDENT 10e. STATE 10b. COUNTY 10d. IHSIDE CITY 10c. CITY, TOWN OR LOCATION n 1 HES 2 NO FUNERAL 100 STREET AND HUMBER 10f. ZIP COOE 10g. CITIZEH OF WHAT COUNTRY? 2 5 USA burial-transit 25 15 9 physician. 11. MARITAL STATUS WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 HO 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 20 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 TES 2 HO Specify Specify: BY 3 Widowed 4 Divorced signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the Health and Mental Hygiene prior to burial, cremation, or removal. Black attending 7/6/43 12/12/45 COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDEHT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/IHDUSTRY 0 College (1-4 or 5+) Sparrows Point retained by the hospital Steel Work 11th Bethlehem Ship Yard 17. FATHER'S HAME (First, Middle, Last) 18. MOTHER'S HAME (First, Middle, Maiden Surname) 70 Wesley McNeill Rebecca BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Cecil McNeil1 5904 Franklin Avenue Baltimore, MD 21207 Раде 6 тау be 2 20a. METHOD OF DISPOSITION 20c. LOCATION - City or Town, Steta 20b. PLACE AHD DATE OF DISPOSITION (Name of DATE must Maryland 4 Donation Other (Specify) National Cem.8/29 Laurel, Maryland examiner FUNERAL SERVICE LICEN 22. HAME AHD ADDRESS OF FACILITY hours after death. LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21207 medicai 23. PART Lenter the disease or complications that who ened the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata mock, or hear Interval Between IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition resulting in death) event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, requires that the death certificate be executed with OUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 TYES 2 NO 23 shows 1 TES 2 HO has been s PHYSICIAN: OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h HOSPITAL OTHER 4 W Nursi 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA irsing Home 5 - Rasidence 6 - Other (Specify) 6 27. MANNED OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO DIRECTOR: After the hours after death v BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Flural Floute Number, City or Town, State) 3 Suicide 28 is COMPLETED 4 Homicide Item hours 29a, CERTIFIER 1 CERTIFYING PHYSICIAH: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL
TO THE FUNERAL I
DE filed within 72 h
IMPORTANT: If I 2 MEDICA NER: On the basis of azamination and/or investigation, in my opinion, death occured at the time, data and place, and dua to the cause(a) and manner as stated. 29c. LICENSE HUMBER 29b. SIGNATURE AND TITUE BE

LETED CAUSE OF DEATH (ITEM 27) (Type, (7)t)



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31. DATE FILED (Mont

AUG 25 1994

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	1 - STATE OF MARYLA		ENT OF HEALTH AND I	MENTAL HYGIENI REG. NO.	E					
	1. OECEDENT'S NAME (First, Middle, Last) WILLIAM DALE MEYERS	2. DATE OF DEATH DAY 08 21	y year	3. TIME OF DEATN 12:30A M						
	4. SOCIAL SECURITY NUMBER 216 \$\infty\$ 50 \$\infty\$ 4567 9. FACILITY NAME (If not institution, give street and number)		7. DATE OF BIRTH (Month, Day, Year) 10/25/19	1947 S. BIRTHPLACE (State or Foreign Country) Maryland						
TOR	Greater Baltimore Medical Cer	1	CITY, TOWN OR LOCATION OF DE	ATH	9c. COUNTY OF Baltir	The state of the s				
DIRECTOR	100. STATE 10b. COUNTY Maryland Baltimore		own or location Dunde	al b		10d. INSIDE CITY LIMITS? 1 YES 2XXNO				
FUNERAL	100. STREET AND NUMBER 8787 Midhaven Road		10f. ZIP CODE	222		what country?				
BY FUNI	11. MARITAL STATUS 1 Never Married 2 X Merried FORCES? 1 YES 3 Widowed 4 Divorced IF YES, GIVE WAR OR DA	2XXNO	13. WAS DECENDENT OF HISPAN If yee, specify Cuben, Mexices 1 YES 2XXNO Specify	IC ORIGIN? (Specify Yee n, Puerto Rican, atc.)	or No — 14, RAC Ble	CE — American Indian, ck, White, etc.				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5 +) 2 Years		AL OCCUPATION done during most of working ired.) Manager	16b. KIND OF BUS	Cranston					
COM	17. FATNER'S NAME (First, Middle, Last)	17001600		ME (First, Middle, Maiden S						
BE	William George Meyers 190. INFORMANT'S NAME (TODAPPIN)	19h MAII ING ADI		Elizabeth		_0				
OT	Mrs. Mary Linda Meyers 20g. METHOD OF DISPOSITION 1 (XBurlel 2 Cremeton 3 Removal from State) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or of thereplace) 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda—Ruck Funeral Home of Dundalk. Inc.									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	CONSEQUENCE OF):	enter the mode of dying, such	n ss csrdlac or respli	ratory arrest,	Approximats interval Between Onset and Dasth				
A	thet initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? AMALA AMALA AMALA									
PHYSICIAN: MEDIC				1 YES 2	□ NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
NAI	DID TOBACCO USE CONTRIBUTE TO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	CAUSE OF I	26. PLACE OF DEATH (Che							
YSIC	1 YES 2 NO 1 Inpatient 2 ER/Outpa	flent 3 DOA 4	HER: Nursing Nome 5 - Residence	8 Other (Specify)						
ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCURED					
ETED	3 Suicide 8 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMP	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beet of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner se stated. One)									
01	200. BACKETURE AND FITLE OF CERTIFIER 290. LICENSE NUMBER 29d. DATE SIGNED (MO D30529 8/2/1									
	AME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA PAUL COLAND, MD #205 31. OATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNA	6569 N	Charlest, &	ALT. ME	2120	1				
	ALIC 25 1994 Jali Atuil R	all				DHMH-16 Rev 1/89				

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

TUR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE HUNTER ASSECTION After this certificate has been signed by the attending physician and completely fille	I, cremat	IMPORTANT: United 22 is marked, or item 23 shows any Injury, or other traumatic event, the
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	execute	and co	to burial	matic
BO	ate be	hysiciar	prior	r trau
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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE	RTIF	ICATE OF	DEATH		REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH		YEAR	3. TIME OF DEATH		
	MARY FITTA	ETTA MARTIN AUGUST 20									/ / E D M		
		i. SEX	6. AGE (In yrs. less	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		994 RIBITH	4:45 P. M		
	237-62-5045	□ M 2 🖫 F	400	YRS.	MONTHS DAYS	HOURS MIN.	(Month	, Day, Year)		Countr	ny)		
	9a. FACILITY NAME (If not institution, give street	t and number)	100		SP CITY TOWN	OR LOCATION OF D)-1893	I a. 001	INORTH	CAROLINA		
œ	PLEASANT MANOR NURSIN								96. 000	JNIT OF D	EAIH		
5	RESIDENCE OF DECEDENT	IG CENTER			DOLL.	MORE CITY		_	<u> </u>				
DIRECTOR	10a, STATE 10b, COUNTY			10c. CITY, TOWN OR LOCATION 10d. INSI							10d. INSIDE CITY		
ā	MARYLAND				RATT	MORE CITY					LIMITS?		
AL	10e. STREET AND NUMBER					f. ZIP CODE			10g. CI	FIZEN OF V	WHAT COUNTRY?		
FUNERAL	4615 PARK HEIGHTS AVEN	TIE				2121	-						
S			EVER IN U.S. ARI	MED	13. WAS DE	CENDENT OF HISPA		? (Specify Yes		SA.	E — American Indian,		
	1 Never Merried 2 Married	FORCES? 1	☐ YES 2 💟 N AR OR DATES	0	If yes, s	S 27 NO Specific	an, Puerto R			Biaci	k, Whita, atc.		
ВУ	3 🕅 Wildowed 4 🗌 Divorced				1	X NO Speci	ny.			Speci	•		
E	1S. DECEDENT'S EDUCAT (Specify only highest grade con	ION moleted)	16a, DE(CEDENT'S	USUAL OCCUPATI	ON	16b.	KIND OF BUS	SINESS/IN	DUSTRY			
ш		College (1-4 or 5+	life	Do NOT u	se retired.)	ust of working							
M M	4th GRADE		Н	OMEMA	KER			OWN HO	ME				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				77.77.1	16. MOTHER'S N.	AME (First, N	liddle, Malden	Surname)				
BE	WILLIAM HARR	IS				SUSAN		-	ANDERS	SON			
10	19a. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS (Street	and Number or Rural	Route Numb	er, City or Town	n, State, Zi	ip Code)			
-	GEORGE MARTIN		59	29 JO	HNNYCAKE I	OAD, BALT	IMORE.	MARYT.AN	JD 212	207			
	20a. METHOD OF DISPOSITION 1 IX Buriel 2 Cremation 3 Remove	I from Ctate	20b. PLACE A	NDDATE	OF DISPOSITION (N		DATE			- City or To	wn, Stata		
	4 Donetion 5 Other (Specify)	Thom state	SPRING	natory or o FIELD	BAPTIST (HR. CEMETI	RYINK	T.TTTT	FTON	NORT	H CAROLINA		
	21. SIGNATURE OF TUNERAL SERVICE LICENS	SEE			22. NAME A	ND ADDRESS OF F	ACILITY						
	W/5/0	UM.				H H. BRO					•		
	23. PART L Biller the diseases, or com	nolications that	caused the de-	ath Do r	11913	W. BALTI	MORE	ST.	BALT	LMORE			
	MINOCK, OF HABIT TAILUTE, LIA	t only one caus	se on aech ilne.						ratory at	reat,	Approximats interval Batween		
	IMMEDIATE CAUSE (Final disease or condition Corollal Thronbots dute - Hemaleria 111												
	reaulting in death) a	DUE TO	OR AS A CONSEC	HENCE O	000000	CC 1401	Jupie	1			1 week		
_	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Arlesioselecte Heart Duess 5 years												
CERTIFICATION	Sequentially list conditions,												
¥	if any, leading to immediata cause. Entar UNDERLYING												
띮	CAUSE (Disease or injury that initiated avents	DUE TO (OR AS A CONSEQ	UENCE O	F):								
	resulting in death) LAST												
	0												
DICAL	PART ii. Other significant conditions c	PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO											
음		0,0		4	. //			1 YES 2			COMPLETION OF CAUSE OF DEATH?		
ME	asper	rug	prece	1100	yees				,		1 TES 2 NO		
ä	DID TOBACCO USE CONTRIB	UTE TO CAL	JSE OF DEAT	TH YE	S I NO D	UNCERTAL	N 🗆			- 1			
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACI	E OF DEAT	TH (Check only one)								
Si	A TO MER A MINE	OSPITAL:	ER/Outpatient 3	□ DOA	OTHER: 4 Numing Hon	ne 5 🗆 Residenca	6 Other	(Specify)					
BY PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF I	INJURY	28b. TIM	E OF 26c. IN.	JURY AT	T	CRIBE HOW II	NJURY OC	CURED			
∑	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	y, rear)	100		YES 2 NO							
0	3 Suicida 8 Could not be	28e. PLACE OF	INJURY — At horate. (Specify)	ne, farm, s	street, factory, offic		281. LOCA	TION (Street a	nd Numbe	r or Rural A	Route Number,		
X	4 Homicide detarmined	Guilding, e	ne (Specify)				City o	r Town, State)					
MPLE	29a. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN	N: To the best of a	Try knowledge, des	th occurr	ed at the time, date	and place, and du	to the enu	o(a) and man					
3/	one) 2 MEDICAL EXAMINER: C) and manner se stated		
0	29b. SIGNATURE AND TITLE OF CERTIFIER	0 4		. ^		20- 110-11							
BE	Manu	el her	mi	ma		DOS	622		29d, DA1	> SIGNED	(Month, Dev. Year)		
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CALLS	F OF DEATH ATEN	270 /5	Print					/ /	// /		
	30. NAME AND ADDRESS OF PERSON WHO CO	1.0 6	101 PA	OK	HGTS+	UE BY	4470	MI	12	12/3			
					, , , ,	, , ,	, .						
	31. DATE FILED (Month, Day, Year) AUG 25 1994 Ju	in Davids	wor Revolute										

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permit. Pages 1, 2, 3 should

30. NAME AND ADDRESS OF PERSON WHO OF THE PROPERTY OF THE PROP

law requires that the death certificate be executed within the country of the may be retained by the hospital or attending physician.	by thed in by the funeral director, page 5 should be detached for use as the burial-transi	or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
executed wronn,	and completely inved	o burial, cremation, or	matic event, the m
death certificate be (attending physician	ental Hygiene prior te	iry, or other traus
an requires that the	has been signed by the	Dept. of Health and M	23 shows any inju
NDING PHYSICIAN: Th	t: After this certificate	r death with the State	Is marked, or item
TO THE HOSPITAL OR ALTE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely inted	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to b	IMPORTANT: If Item 28

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last) CARRIE ANNA OVERMAN 2. DATE OF DEATH MONTH DAY 1948 11 5 M								
	4. SOCIAL SECURITY NUMBER 215-32-4823 D 5. SEX 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) July 14, 1897 6. BIRTHPLACE (State or Foreign Country) Baltimore, MD								
TOR	96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH CARBOX RESIDENCE OF DECEMENT								
DIRECTOR	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. CITY, TOWN OR LOCATION 100. LINITS? 100. WISDE CITY LIMITS? 100. YES 2 \(\text{D} \) NO								
FUNERAL	100. STREET AND NUMBER 5107 MALTHER BLUD 101. ZIP CODE 2/2/4 10g. CITIZEN OF WHAT COUNTRY?								
B⊀	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO 14. RACE — American Indian, Black, White, etc. 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— Black, White, etc.) 17. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— Black, White, etc.) 18. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— Black, White, etc.) 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— Black, White, etc.) 10. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— Black, White, etc.)								
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) College (1-4 or 5 +) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOUSEW IFE								
8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)								
BE (Peter Witzgall Frederica Whitmere								
10	196. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 439 Hook Rd. Westminster, Md. 21157								
	20c. METHOD OF DISPOSITION 1 IX Burlet 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Baltimore Cemetery, cremetory or 20c. LOCATION - City or Town, State Baltimore Cemetery 8/27/94 Baltimore, MD								
10	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Paul L. Hartsock, Jr. Paul L. Hartsock, Jr. Leonard J. Ruck, Inc. 5305 Harford Rd.								
	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heert fellure. Liet only one cause on each line. Approximate interval Between								
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) o. CEBPA2 VASCULAR INSUFFICIENCY 3 M								
	DUE TO (OR AS A CONSEQUENCE OF):								
ATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING our TO (OR AS A CONSCOUENCE OF):								
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST								
	DATE II Other classificant and filler and state of the st								
ICAL	PART il. Other algnificent conditione contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
PHYSICIAM: MEDICAL	1 YES 2 NO								
SIA,	25. WAS CASE REFERRED TO MEDICAL EXAMINER? LOSS TALL 26. PLACE OF DEATH (Check only one)								
YSI	1 YES 2 DAO 1 Inpettent 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)								
ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Day, Year) 29b. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. DEŞCRIBE HOW INJURY OCCURED 1 YES 2 NO								
	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, offics building, stc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								
B	296. SIGNATURE AND TITLE OF PERTIFIER 9 WO DEWEL M.D 296. LICENSE NUMBER 29d. DATE SIGNED (Morth, Day, Year)								
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								

31. DATE FILEO (Month, Day, Year) AUG 2 5 1994

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 945 en 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. (Month, Day, Year)
June 26,1902 333-14-8660 92 1 M 2 X F Ireland use as the bunial-transit permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not Institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR GAR 11ston ovol Ston EDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Harford Fallston 1 TYES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21047 2410 Engle Road U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Maxican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) N/A N/A Switchboard Operator University of Chicago 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Cornelius Sweeney at a (Name Unknown) MARY COLLINS BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 James R. O'Hara (son) 2410 Engle Road, Fallston, MD 21047 pe 20s. METHOD OF DISPOSITION

1X Burial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must 4 Donetion 5 Other (Specify) John's (Long Green) Cem. 8/23 Long Green, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Schimunek Funeral Homes, Inc. funeral 9705 Belair Rd., Baltimore, MD 21236 medical 23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, ahock, or haart failure. List only one causa on each line. filled in by Approximata Intarval Batween 0 IMMEDIATE CAUSE (Final Onset and Death event, the cremation. disease or condition an and completely f Kes piratory + metabolic resulting in death) DUE TO (OR AS A CONSEQUENCE OF) maltiple organ other traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, laading to immediate cause. Enter UNDERLYING bou Hygiene prior mall e CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST attending hernia 6 CIAM signed by the atter Health and Mental PART ii. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part i. 24s, WAS AN AUTOPSY PERFORMED? MEDICAL WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? t ☐ YES 2 ☐ NO been ! has be Dept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) tem certificate State HOSPITAL OTHER 1 YES 2 Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 10 the 27. MANNER OF DEATH 28s. OATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF marked, 26d, DESCRIBE HOW INJURY OCCURED this (1 Natural Pending Investigation 1 YES 2 NO BY death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, offica building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 2 6 Could not be 4 Homicide 29e, CERTIFIER COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner se stated. TO THE HOSI TO THE FUND TO FILE WITH TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year 8 D347 21 9 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) Velez Francia 515 Hanford 21234 2. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN ÄÜGUST 20, 1994 ZONA Τ., PHILLIPS 6:00 ам 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTNPLACE (State or Foreign 1 | M 2 | X DAYS HOURS YRS. 05-17-193 218-26-0597 VIRGINIA Page 6 may be retained by the hospital or attending physician. all director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR 224 South Bruce Street Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Maryland Baltimore 1 XYES 2 NO FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 224 South Bruce Street 21223 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, While, etc. MORE, MARYLAND 21215-0020 If yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 XXO Specify: 1 Never Married 2 V Married BY 3 Widowed 4 Divorced Specify: WHITE 16e. DECEOENT'S USUAL OCCUPATION

Work Alone during most of working ETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL (1: 12 HOMEMAKER OWN HOME once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First Middle Maiden Surname notified at UNOBTAINABLE UNOBTAINABLE BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DANIEL HIGGS SON 2012 Mc HENRY STREET 21223 BALTIMORE, MD. be 20a. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of must 1 XBurial 2 Cremation 3 Ram
4 Donation 5 Other (Specify) LORRAINE PARK CEMETERY 8-23-94 WOODLAWN, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE medical examiner 22. NAME AND ADDRESS OF FACILITY funeral Cullys death. STERLING ASHTON FUNERAL HOME, INC. ma0550 736 EDMONDSON AVENUE., BALTO, MD. 21228 completely filled in by the rial, cremation, or removal. executed within 24 hours after 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata shock, or haart fallura. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Final Onset and Dasth the disease or condition resulting in death) 8 aci traumatic event, DUE TO (DIT AS A CONSEQUENCE OF): burial. 11 CERTIFICATION physician and Sequantially list conditions, DUE TO JUH AS A CONSEQUENCE OF: If sny, laading to immediate cause. Enter UNDERLYING that the death certificate be prior CAUSE (Disease or Injury other y the attending phy id Mental Hygiene r DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 10 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS een signed by the MAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 NO has been DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH PHYSICIAN: YES NO 🗆 UNCERTAIN Dept 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Ch item State certificate HOSPITAL OR ATTENDING PHYSICIAN: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 5 Residence 6 - Other (Specify) the or 27. MANNER OF OEATN 28e. OATE OF INJURY (Month, Oay, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED WITH marked, 1 Natural 1 YES 2 NO BY death Accident Investigation After 28e. PLACE OF INJURY - Al home, lerm, atreet, factory, office 28 is 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED DIRECTOR after 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTL be filed within 72 hours at IMPORTANT: If item 2 29a CERTIFIER 1 SERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(e) and menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(e) and manner 295-SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE S IGNEO (Month 3 8 2 L 9 MIG 2 SO OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, 30 NAME AND ADDR 31. OATE FILED (Month, Day, 32. PEGISTRAR'S SIGNATURE Lin Sander AUG 25

T. . ITEM: 1. PER F.H. FILM G-714 8/25/94 t.t

TO THE FUNERAL DIRECTOR: After this certificate has been certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE 0	F M	ARYL	AND	1	DEPARTMENT	0F	HEALTH	AND	MENTA
1 1LH G-71	ra c	11 601	34		L				

	1 - FOR STATE REGISTRAR	STATE OF M			RTMENT OF ICATE OF	HEALTH AND	MEN	TAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)	ARTHUR R. PERREAULT JR. R. PERRAULT Jr.							AUGUST 13 1994 YEAR 9:05 A			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTYN (Month, Day, Year)								8. BIRTNE Country	PLACE (State or Foreign	
1	018-46-0260	1 X M 2 F	38	YRS.	MONTHS DAYS	HOURS MIN.		ept. 28,	195			
œ	9a. FACILITY NAME (If not institution, give str	eet and number)				OR LOCATION OF D	EATH		9c. COUN	TY OF DE	ATH	
5	948 MONTPELTER ST	REET			BALTIM	DRE						
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?	
	Md				Baltimo	re					1 YES 2 NO	
RAL	100. STREET AND NUMBER 948 Montpelier St	treet			.10	H. ZIP CODE			10g. CITIZ		HAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	F EVED IN II S	BHEO	42 400 00	21218				USA		
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2X	₩ 0	If yes, s	CENDENT OF NISPA pecify Cuban, Maxic S 2 NO Speci	en, Pue		or No-	Black, Specify		
	15. OECEDENT'S EDUC	ATION	16a. C	DECEDENT'S	USUAL OCCUPAT	ION		16b. KIND OF BUS	INESS/INOL	ISTRY	white	
ET	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +			work done during m			TODA KIND OF DOO		791111		
MPL	12			Odd	Jobs			Tem	porar	v Se	rvice	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (Fir	st, Middle, Malden				
B	Arthur Raymond Pe	rreault,						Grant				
9	19a. INFORMANT'S NAME (Type/Print) Caroline J. Fluet	-	1	21 R	ead Street	ect, Fito	Houte A	lumber, City or Town	0142	Code)		
	20a. METNOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo	vel from State		E AND DATE	OF DISPOSITION (A	ame of		ATE 20c. LOC	CATION — C	aty or Tow	rn, State	
	4 Donation 5 Other (Specify)				t Cremat		Baltimore, Md.					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Sterling Ashton Funeral Home 7.26 Filmer Ashton Funeral Home											
	raillep No				736 I	Edmondson	Av	enue, B	alto,	Md.	21228	
	23. PART i. Enter the diseases, or co shock, or heart failure. L	emplications that list only one cau-	caused the d se on aach iir	daath. Do i ne.	not anter the m	ode of dying, suc	h as c	ardiac or respin	ratory arre	est,	Approximata interval Between	
										Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.											
CAL	PART II. Other significant conditions	contributing to	death but not	reaulting	in the underlying	g cause given in	Part i	PERFORI	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDI							_	1 YES 2	□ NO		OF DEATH?	
ä	DID TOBACCO USE CONTR	IBUTE TO CA	JSE OF DE	ATH YE	S NO [UNCERTAL	N 🗆					
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PL	CE OF DEA	TN (Check only one							
YSI	1 YES 2 □ NO	1 Inputlant 2		3 🗆 DOA	OTHER: 4 Nursing Hor	ne 5 TrResidence	6 🗆 0	ther (Specify)				
	27. MANNER OF DEATN 1 Netural 5 Pending	28a. DATE OF (Month, Da	y, Year)	28b. TIM INJ	URY W	JURY AT DRK?	28d.	DESCRIBE NOW IN	JURY OCC	URED	1 1	
B	2 Accident Investigation	280 PLACE OF	1.0/1/	bonfis	etreet, fectory, offi	34	281. 1	OCATION (Street a	myles	and	besten	
윤	3 Suicide 8 Could not be 4 Nomicide detarmined	building, a	etc. (Specify)		street, rectory, one	ו	69	City or Town, State)	na Number o	or Hural Ro	ote Number the	
9	29a. CERTIFIER	IAN: To the heat of	hough				17	- mayo	elle	11 120	1 May last	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER										and manner as stated,	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	, 1/		^		29c. LICENSE NU	MBER		29d. DATE	SIGNED (Month, Day, Year)	
5	1 Sterder 1	1 ping	mi	U		O.C.M.	E.		AUGU	JST 1	4,1994	
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS				Baltimo	œ,	Marylan	d 212	201		
	31. DATE FILED (Month, Day, Year) AUG 2 5 1994 32. AGISTRAR'S SIGNATURE AUG 2 5 1994											

HECTOR After this certificate has been signed by the attending physician and completely filled in by the function page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have death with the Same Dept. of Health and Mental Hygiene prior to burial, cremation, or removed. hours a mutual. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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ITAL RECORDS, P.O. BOX 68760.	ertificate
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FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	ERTIF	ICATE O	F DEATH	A	EG. NO.				
ļ	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH	ıv.		3. TIME OF D	EATH
	Dorothy M. Patz	schke					August	: 19	. 199	4 YEAR	2:00	а. м
4	4. SOCIAL SECURITY NUMBER	5. SEX (B. AGE (In yrs. las	t birthday)	IF UNDER 1 YEA		7. DATE OF E (Month, De	HTH		6. BIRTHPI Country)	LACE (State or	Foreign
	213-10-7413	1 M 2 X F	85	YRS.	MONTHS DAY	8 HOURS MIN.	March	6, 1	1909		yland	
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOW	N OR LOCATION OF D	EATH		9c. COU	NTY OF DEA	ATH	
DIRECTOR	Bel Air Convale	scent Cent	er		Bel A	ir			Har	ford		
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	TV										
E		**			Y, TOWN OR LO	CATION					10d. INSIDE C LIMITS?	
	Maryland			_ ват	timore						YES 2	
RA					ļ	101. ZIP CODE					IAT COUNTRY	7
FUNERAL	4102 Granite Av	t2. WAS DECEDENT			1	21206			U.S			
	1 Never Merried 2 Married	FORCES? 1	YES 2 X N		If yea,	DECENDENT OF HISPA specify Cuban, Mexico	en, Puarto Ricar	pecify Yes , atc.)	or No-		 American In White, atc. 	ndlan,
à l	3 XWidowed 4 Divorced	IF YES, GIVE WAS	R OR DATES		1 🗆 1	YES 2 NO Specific	fy:			Specify:	White	
8	15. DECEDENT'S ED	UCATION	16a, DE	CEDENT'S	USUAL OCCUPA	ATION	16h KIN	D OF BUS	INESS/IND	VOTSLIE	WILLE	
	(Specify only highest grad Elementary/Secondary (0-t2)	College (1-4 or 5+)	(Gi life.	ve kind of v Do NOT us	vork done during e retired.)	most of working				001111		
립	N/A	N/A	Но	mema	ker		Ov	n Ho	ome			
COMPLET	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	AME (First, Middle	e, Maiden	Sumame)			
BE C	Edgar Coulter					Mary A	rbin					
	19a. INFORMANT'S NAME (Type/Print)		190	. MAILING	ADDRESS (Stre	et and Number or Rural	Route Number, C	ity or Town	n, State, Zip	Code)		
임	Edgar C. Coulte	r (Brother) 3	3403	Mayfie	ld Avenue	, Balti	more	, Md	. 21	213	
	20a METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Re		20b. PLACE A	NDDATE	F DISPOSITION	(Name of	DATE	20c. LO	CATION —	City or Town	n, Stata	
	4 Donation 5 Other (Specify)	noval from State	Garder	netory or of 1s of	Faith	Cemetery	8/23	Ba]	Ltimo	re, M	faryla:	nd
	21. SHOHATURE OF FUNERAL SERVICE LICROSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Home											
	PRATIE VITA	LNAN	1/1						·	MJ	212	1.2
\dashv	23. PART I. Enter the diseases, or	complications that	aused the de	ath. Do n	of antar tha	1 Brehms 1	bas cardles	or man	more	, Md.		
I	snock, or near million	. List only one cause	on aach lina	III Per		g, out	ar us curuisc	от георг	atory arr	out,		Between
	disease or condition Arms a Version Condition										Onset a	nd Daath
ł	DUE TO (OR AS A CONSEQUENCE OF): Congestive Heart Dailero											
_		· C	negot	we	Hen	ct Fact	Leno				ĺ	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS CONSEC	UENCE OF):		4				+	
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	, D	tafet	Bo K	nells	tuo, ins	ruling	Res	ende	D	>	
Ē	that initiated eventa	DUE TO (O	R AS A CONSEC	UENCE OF):							
	resulting in death) LAST	d	chyd	int	leon.							
ᅙ	PART II. Other significant condition	ne contributing to d	and but and a	a a state a d	- 45							
EDICAL	order of order	THE CONTINUOUS TO GO	eath but not n	rauting i	n the undariy	ing causa given in	Part I. 24a	PERFOR	AUTOPSY MED?	A	VERE AUTOPSY WAILABLE PRIC	OF TO
ă	1 TES 2								(20 40		OMPLETION OF DEATH?	F CAUSE
Σ										YES 2	ON	
PHYSICIAN:	DID TOBACCO USE CON'	RIBUTE TO CAU			_		N D					
2	EXAMINER?	HOSPITAL:			OTHER:							
₹	1 YES 2 JANO.	1 Inpetient 2 E				oma 5 Residence						
	1 Natural 5 Pending	26e, DATE OF IN (Month, Day,	Year)	26b. TIME INJ	JRY	NJURY AT WORK?	26d. DEŞCRIE	E HOW IP	IJURY OCC	URED		
À	2 Accident Investigation	28e. PLACE OF I	N HIEV At hos	no form o		YES 2 NO						
	3 Suicide 6 Could not be determined	building, ate	. (Specify)	TPU, TBITITI, S	ireet, tactory, or	TICE	26t. LOCATION City or Tox	vn, State)	nd Number	or Rural Rou	ite Number,	
COMPLETE	29a, CERTIFIER											
를	(Check only	SICIAN: To the best of my										
8	2 MEDICAL EXAMIN	IER: On the beels of exam	nination end/or in	rvestigation	n, in my opinion	, death occured at the	time, data and	placa, and	due to the	n ceuse(a) a	and manner as	atated.
H	296. SIGNATURE AND TITLE OF CERTIFIE	R	0~	~		29c. LICENSE NUI	/		29d. DATE	SIGNED	Aonth, Day, Year	y
2	Malu Nor	vicion	sed -	M	7	00	8096	>		8/10	7/94	
-	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM	27) (Туре,	Print)						1	
	Dr. Nowakowski,	125 N. Mai	n Stree	et, B	el Air	, Md. 210	014					
	AUG 25 1994	10 32 159 Dans	Applehalls									
16	HUU LO 1001											

Pages 1, 2, 3 should

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page 5 should

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DIVISION OF VITAL RECORDS,	į
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Ε. 9 user 4. SOCIAL SECURITY N 5. SEX 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State for Foreign 216-68-LORIEN NAME OF NOT 9b. CITY, TOWN OR LOCATION OF DEATH SC COUNTY OF DEATH 6334 DIRECTOR HOWA RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 SYES 2 NO 100. STREET AND NUMBER FUNERAL 101. ZIP COOE 5999 Turnabout Lane 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-RACE — American Indian, Black, White, atc. 1 X Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEOENT'S EDUCATION ecity only highest grade complete 16s. OECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INQUISTRY College (1-4 or 5+) edica 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Edward Moore notified at BE Camilla Queen 19a. INFORMANT'S NAME (Type/Print) 9 Lane BALTIMORE, MD 5398 Angel Williams 21212 must be 20a. NETHOD OF DISPOSITION
1 N Surial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of LAUREL, OATE MARYLAND CEMETERY MEADOWR TOGE 4 Donation 5 Other (Specify) medical examiner 21 SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADORESS OF FACILITY MARCH FUNERAL HOME EAST 1101 E. NORTH AVENUE/BALTIMORE, MD 21202 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heert fallura. List only one cause on each lina. Interval Batwo Onset and Death IMMEDIATE CAUSE (Fine) the disease or condition Wwwaelerum Ziminh resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) Pars annunda CERTIFICATION Sequentially list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEDUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): thet initieted eventa resulting in death) LAST 0 Injury, PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? patitis shows any 1 TES 2 NO 1 YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO I 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL: OTHER: 1 TYES 2 NO Inpatient 2 - ER/Outpatient 3 -DOA ng Home 5 🗆 Residence 8 🗆 Other (Specify) marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1. Natural 1 YES 2 NO BY 2 Accident 28 Is I 3 Sulcide 28a. PLACE OF INJURY — At home, farm, street, tactory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide III Item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 100rc mo Kno/ North. 32 MEGISTRAR'S SIGNATURE 31. DATE FILED (MORTH, Day, Year) AUG 25 1994

35.1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the found fleat in by the funeral director, page 5 may be retained by the business that the attending physician and competely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT. If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	FOR STATE REGISTR	AR		
į.	1. DECEDENT'S	NAME	(First,	Mida

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

										LIE	G. 14O.		_	
	1. DECEDENT'S NAME (First, Middle, Last) Jeannette					D				2. DATE OF DEATH MONTH DAY YEAR			3. TIME OF DEATN	
	4. SOCIAL SECURITY NUMBER	Jeanne 5. SEX	8. AGE (In yrs.	last hirthring		tte	r IF UNDER	2.04 (100.0	August		<u>, 19</u>	94	4:55 P M	
	207-28-8232 ¹□ ^м ² 🟋 ^F				58 YRS. MONTHS DAY			HOURS	MIN.	(Month, Day,	Year)		Count	**
	9e. FACILITY NAME (If not insti					9b. CITY	. TOWN (OR LOCATI	ON OF DE	05/2	4/3		Per	nsylvania
5	29 Mopec C	circl	e. Apt.	D				vill						imore
DIRECTOR	RESIDENCE OF DECE	DENT												IMOI C
E		10b. COUNTY			10c, CI1	Y, TOWN (OR LOCAT		_					10d, INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER		<u>Baltimo</u>	re						ille				1 TES 2 XNO
FUNERAL		i no 1	a Amb	D		101. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?			
N N	29 Mopec Circle, Apt. D 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED					13.	21234 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-					or No.		SA E — American Indian,
	1 Never Married 2 M		FORCES? 1 IF YES, GIVE W	YES 2	NO		If yes, sp	ecity Cubs		n, Puerto Ricen,		0.140-	Blac	k, White, etc.
В	3 Widowed 4 Divorc	ed					I L IES	X	орвспу				эрес	White
COMPLETED	15. DECEL (Specify only t	DENT'S EDUC			Give kind of	work done			ng	16b. KIND	OF BUS	INESS/INC	DUSTRY	
Ë	Elementery/Secondary (0-1	2)	College (1-4 or 5 -	+)	He. Do NOT u									
MP			2			Nur	se						uty	Nursing
	17. FATNER'S NAME (First, Midd	,,	A 1	M- C	c					ME (First, Middle,				_
BE	Isa		Ambrose			ADDOES	Campa a			TTE I				Lowery
2	Owen A. N													70124
	20e. METHOD OF DISPOSITIO	N		20b. PLAC	FANDDATE	OF DISPOS	HTION /A/o	me of		DATE	200 100	CATION	City on To	70124
	1 Donetion 5 Other (S	3 🗌 Remo	oval from State	Meti	remetory or C	ther plece)	tor	v. Tr	ıc.	8/25	Ba	ltim	ore	MD
	21. SIGNATURE OF FUNDERAL	SERVICE LIC	ENGEE MG	111		22.	NAME A	ND ADDRE	SS OF FAC	HLITY				
	Geor	go F	. MacNa	hh						ociety				nc. MD 21228
	23. PART I. Enter the disc	easea, or c	omplications the	t caused the	ieath. Do	not anter	the mo	da of dy	ing, auch	as cardiac or	reapi	ratory arr	aat,	Approximata
	ahock, pr heart fellure. List pnly one cause on each line.													
	disease or condition - Caralio - fulmonary Arrest													
	disease or condition resulting in death) Due to (or as a consequence of): On the disease of condition as a consequence of): On the disease of condition as a consequence of):													
8	Sequentially list conditions													
CERTIFICATION	tif any, leading to immediate cause. Enter UNDERLYING													
윤	CAUSE (Disease or Injury that initiated events		DUE TO	(OR AS A CONS	EOUENCE O	F):								
E	resulting in death) LAST													
	PART II Other elgoifficent	conditions	a contribution to	do ath hut a a		l		li Loca					-	
MEDICAL	TANT II. Othar aigninean	in the underlying cause given in Part i.			P	PERFORMED?			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO					
		77 -	-1)42	ast	•				1 - YES 2 X NO			OF DEATH?		
	DID TOBACCO US	E CONTR	DIRLITE TO CA	LISE OF DE	ATLI VI	с П I	- F	LUNC	PDTAIN					1 TYES 2 NO
AN	25. WAS CASE REFERRED TO		IDOTE TO CA		ALCE OF DEA			1 OIAC	EKIAIN	1 🗆 📗				
SIC	EXAMINER? 1 YES 2 NO		HOSPITAL:			OTHER	R:	o 5 WRo	sidence	5 Other (Spec	(6.1)			
PHYSICIAN:	27. MANNER OF DEATN		26e. DATE OF	INJURY	26b. TIM	E OF	28c. INJ	URY AT		26d. DESCRIBE		JURY OCC	CURED	
BY F	1 Natural 5 Pe	ending reatigation	(Month, Di	ay, rear)	in.	M		RK7 FES 2] NO					
	3 Suicide 6 Co	ould not be	28e. PLACE Of building,	F INJURY At I	nome, farm,	street, fact	ory, office	•		261. LOCATION	Street e	nd Number	or Rural F	Poute Number,
	4 Nomicide de	termined									, σ.σ.σ,			
<u>a</u>		YING PHYSIC	CIAN: To the best of	my knowledge, o	leath occurr	ed at the ti	lme, date	end plece	, end due	to the ceuse(s) e	nd men	ner en stat	ed,	
Signature Alphitite of Certifier Could not be determined Duilding, etc. (Specify) Duilding, etc										e) and menner as stated.				
										(Month, Day, Year)				
<u>Б</u>	MI	u	-1116					D2	2539	1		P (08/2	5/94
-	30. NAME AND ADDRESS OF P													
	Mohammed	N. Ka	ahn, M.	B.1.156	01 I	och	Ray	ven	B1vc	d. Ba	1tc).,	MD	21239
	HUU 2 5 1994	0	SET HEUISTRA	n s SIGNATURE										

FOR

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physicial	iled in by the funeral director, page 5 should be detached for use as the burial-t	n, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physical	TO THE PORTRAL PRECIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-is	be men within a contract death with the State Dept. of Health and Mental Hydiene prior to bunal, cremation, or removal.
	TO THE H	TO THE	be filed an

ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.

28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG.	NO.				
	1. DECEDENT'S NAME (First, Middle, Last) BETTY	CEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH									
	4. SOCIAL SECURITY NUMBER 220-64-0565	1	GE (In yrs. lest birthday)	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yes 11-07-	56	Countr	IPLACE (State or Foreign y) N • C •		
HO DH	98. FACILITY NAME (If not institution, give s 1139 HOMESTEAD		q		nore C		9c. COU	NTY OF D	EATH		
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y	10c CITY	TOWN OR LOCAT	ON				10d. INSIDE CITY		
- DIRECTOR	MD			ALTIMO					LIMITS? XYES 2 NO		
IEHAL	1833 N. WOLF	E ST.		10f,	ZIP CODE 212	13	10g. CITI		S.A.		
BY PUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	S 2 NO								
COMPLEIED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during mos		16b, KIND OF	BUSINESS/INC	DUSTRY			
7			UNEM	PLOYED							
5	17, FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Ma	iden Sumame)				
D L	LESTER	WILKINS			LENDO:	RA M	OORE				
5	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or					
-	LENDORA WILK:	INS	1833	N. WOL	FE ST.	BALTIM	ORE,	MD.	21213		
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)			LACE AND DATE OF DISPOSITION (Name of page) ON PARK CEMETERY 8/27 BALTIMORE, MD.							
ì	21. SIGNATURE OF FUNERAL SERVICE LI		SCEDEN III.	-	D ADDRESS OF FA	OII ITM			HOME		
	- Frueslend	Coma	stee	1129	N. CAR				MD21213		
N	23. PABT Enter the diseases. Dr complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, about, or hear failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Auto-immune data aconsequence of: DUE TO (OR AS A CONSEQUENCE OF):										
CENTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other algorificant condition	a contributing to death	but not reaulting in	the underlying	cause given in	PER	S AN AUTOPSY REORMED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
SICIAIN. IME	DID TODA COO LIGHT CO.	DIDLINE TO CALCE				_ I In	7		1 YES 2 NO		
	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	KIBUTE TO CAUSE			UNCERTAIL	иШ					
2	EXAMINER?	HOSPITAL:	28. PLACE OF DEATH	THER:							
	1 XYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 I ER/O				8 Other (Specify)					
	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea		Y WOI	RY AT RK? ES 2 NO	28d. DESCRIBE HOW INJURY OCCURED					
2 Accident 3 Sulcida 8 Could not be detarmined 288. PLACE OF INJURY — At home, term, atreet, factory, office building, atc. (Specify) 288. PLACE OF INJURY — At home, term, atreet, factory, office City or Town, State)									loute Number,		
		CIAN: To the best of my kn) end manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIE	R ////	/		29c. LICENSE NUI	WBER	29d. DATI	E SIGNED	(Month, Day, Year)		
		8 2L			O.C.M	I.E.	A	GUS'	T 25 1994		
	30. NAME AND ADDRESS OF PERSON WH DOW I A R. POU 31. DATE FILED (Month, Day, Year)	ver 1	11 Penn S			more, N					
	AUG 25 1994 Ja	12. REGISTRAR'S SI									

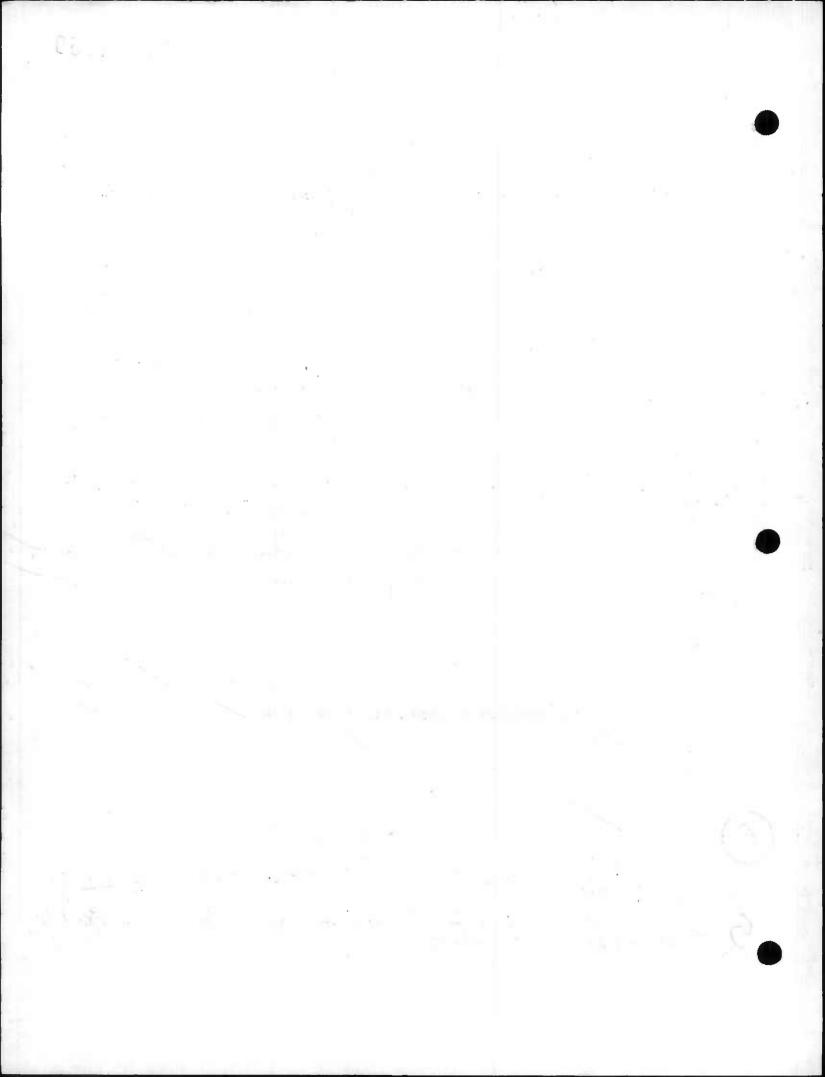
BALTIMORE, MARYLAND 21215-0020 WISION OF VITAL RECORDS, P.O. BOX 68760,

ELONG PROSICIAN: The law in the certificate has been the State Dept.

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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	SARAH B	STEIN	MY YEAR	12:01 P M							
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In y	rs. last birthday) IF	8-21-199 7. DATE OF BIRTN	8. BIR	THPLACE (State or Foreign					
	216-48-0816 9a. FACILITY NAME (If not institution, give s	1 M 2 X F 88	YRS.	THE DAYS	HOURS MIN.	1-22-19	1-22-1906 RUSSIA				
DIRECTOR	MILFORD MANOR NO	,	90.		IMORE	EATH	9c. COUNTY OF BALT	IMORE			
띭	10a. STATE 10b. COUNT	Υ	10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY			
		LTIMORE	BA	LTIMOF				LIMITS?			
FUNERAL	100. STREET AND NUMBER 3309 NORTHBROOK	DOAD		101	ZIP CODE			F WHAT COUNTRY?			
빌	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.	S ADMED	42 48 050	21208		1	USA			
BY FL	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 YES :	2 NO	If yea, sp		NIC ORIGIN? (Specify Ya en, Puarto Rican, etc.) y:	Bi	ACE — American Indian, ack, Whita, atc. ec/fy: WHITE			
E	15. DECEDENT'S EDU (Specify only highest grade	JCATION 16 completed)	a. DECEDENT'S USU (Give kind of work	AL OCCUPATIO	DN et of working	16b. KIND OF BU	SINESS/INDUSTRY				
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5+)	House House	ired.)	a or working			_			
M	17. FATHER'S NAME (First, Middle, Last)		TOUSE	MILE	40 MOTHERIO MA	Mar action advantage and the	AT HOM	15			
	LOUIS	BRENNER	}		SOPHIE	AME (First, Middle, Maiden	KAT	7			
TO BE	19a. INFORMANT'S NAME (Type/Print) GERMAINE R. MILL		19b. MAILING ADD		nd Number or Rural	Route Number, City or Tox	vn, State, Zip Code)				
-	20a. METNOD OF DISPOSITION	20b.PL	ACEAND DATE OF DE			VIT 205,BAI	CATION — City or				
	1 Donation 5 Other (Specify)	noval trom State cometer	ry, cremetory or other p	olace)		1	ALTIMORE				
	21. SIGNATURE OF FUNERAL SERVICE LI	DENBEE		22. NAME AN	D ADDRESS OF FA	CILITY		,			
	Sel 1) Oleun				& BROS, IN		E. MD 21215			
	IMMEDIATE CAUSE (Final	complications that caused the List Dnly Dne cause on each	e death. Do not e	enter the mo	de of dying, suc	h aa cardiac or reap	fratory arrest,	Approximate Interval Between Onset and Death			
	disease or condition reaulting in death)	a. DUE TO (OR AS A CO	Chia)	Ju	scul	- /ky	Let	yeur			
z		b.	14 pl	1 ten	5-			gen			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	NSEQUENCE OF):					6			
FIC	CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS A CO	INSEQUENCE OF):								
ERIT	resulting in death) LAST	d									
AL C	PART ii. Other significant condition	na contributing to death but	not resulting in th	e underlying	cause given in	Part I. 24a. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS			
SICA						PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?			
MEDIC	515 555 555							1 1 NES 2 INO			
	DID TOBACCO USE	CONTRIBUTE TO CA	AUSE OF D	EATH Y	ES NC		V	VIX			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		HER:	ACE OF DEATH (Ch						
НУВ	27. MANNEW OF DEATH	1 Inpatient 2 ER/Outpatie	nt 3 U DOA 4 2	Nursing Nom 28c, INJ		6 ☐ Other (Specify) 26d. DESCRIBE HOW	INJURY OCCURED				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WO	RK? ES 2 NO	200.0200.02100					
ED	3 Suicida 6 Could not be 4 Homicide	26a. PLACE OF INJURY — building, atc. (Specify)	At home, term, street	, tectory, office		26t. LOCATION (Street City or Town, State,		el Route Number,			
PLE	29a. CERTIFIER Check only CERTIFYING PHYS	ICIAN: To the best of my knowledg	e, death occurred at	the time, data	and place, and due	to the cause(a) and ma	nner as stated.				
COMPLET		ER: On the basis of exemination an						e(a) and manner as stated.			
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUI	WBER 2 4	29d, DATE SIGN	ED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PURSON WI	O COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print	" . 1	NLI	0 - 1	- 0	2 17			
	31. DATE FILED (Month, Day, Year)	34. REDISTRAR'S SIGNATU	5310 C	14 CE	nt fo	el Sup :	of Kal	Isoul KS			
	AUG 25 1994 Ju	lia d'hucleon-handal	(21133			



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) Grace Anna Scott 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH													
						rs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.			24 HRS				6:19a.m. M	
	217-20-9957	70	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) March 18,	1924	Country)				
	9a. FACILITY NAME (If not in				OR LOCATI			9c. COUN	TY OF DEA	ТН				
DIRECTOR	273 Stem Ro					Uni	on I	Bridg	ge ———			Carro	11 County	
High High	10e. STATE	10b. COUNT	Y		10c. Cf7	Y, TOWN	OR LOCAT	TION				10	Dd. INSIDE CITY	
	Maryland		Carroll							Bridge		1 YES 2 NO		
10e. STREET AND NUMBER 273 Stem Road 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNT 21791 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PINO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— It race, specify Cuben, Mexicen, Puerto Rican, stc.)										AT COUNTRY?				
BY F	The state water at the state of													
ED E	15. DEC	EDENT'S EDU	CATION	16e, D	ECEDENT'S	USUAL O	CCUPATIO	ON		16b. KIND OF BU	SINESS/IND	-	asian	
	Elementery/Secondery (ly highest grade 0-12)	College (1-4 or 5	(4	Give kind of a. Do NOT u	work done se retired.)	during mo	st of working	ng					
COMPLET	/th g				Home	make	r			Home				
BE CC	17. FATHER'S NAME (First, M Charlie M	yers						18. MOT		ME (First, Middle, Meider .11ie Swo				
5	190. INFORMANT'S NAME (r							Poute Number, City or Too Bridge, MD		Code)		
	20a METHOD OF DISPOSIT 1 Burlel 2 Cremetic 4 Donation 5 Other	on 3 🗆 Ram	oval from State	20b. PLACE cemetery, cr	AND DATE	of Dispos	oris	me of	rk 8	DATE 20c. LC	CATION - C	City or Town	, State	
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE			22.	NAME AF	ID ADDRE	SS OF FA	CILITY				
	1 de	mar	19 (dire	ul					Tuneral Di Rd Randall		-		
	23. PART I. Enter the d shock, or h	iseesea, or aert fallure.	complications the List only one cau	t coused the dise on seek lin	eetfi Do	not enter	the mo	de of dy	ing, auci	h es cardiec or resp	iratory arre	eat,	Approximete Interval Between	
	IMMEDIATE CAUSE (Fir	nai	7.1.	17	ل	6	of al	P		house	018	» E	Onset and Daath	
	resulting in death)	7	a. DUE TO	OR AS A CONSE	QUENCE O	FE live	1441	10	tu	- bonel	over !	Cula	1	
N	Sequentielly list condit	lons.		coli	Bul	100	T	an	N=	*				
ATI	if any, leading to imme cause. Enter UNDERLY	diate ING	DUE 10	OH AS A CONSE	DUENCE O	FIE	10	e	_					
CERTIFICATION	CAUSE (Disease or injuthat initieted events reaulting in death) LAS		DUE TO	OR AS A CONSE	QUENCE O	F):								
CER	readiting in death) LAS		6											
1	PART ii. Other aignifica	ent condition	s contributing to	deeth but not	resuiting	in the u	nderlyln	g couse	given in	Part i. 24e. WAS AF			ERE AUTOPSY FINDINGS MILABLE PRIOR TO	
EDICAL										1 YES	1900	DI	OMPLETION DF CAUSE F DEATH?	
Σ	DID TOBACC	O USE	CONTRIBUTI	TO CAL	ISE OI	DEA	TH Y	ÆS [1 NC		t	1	□ YES 3 NO	
PHYSICIAN:	25. WAS CASE REFERRED T						26. PL		,	eck only one)				
IYSI	1 TYES 2 NO		HOSPITAL:				sing Hom	\rightarrow	eldence	6 Other (Specify)				
ВУ РН		Pending Investigation	28e. DATE OF (Month, D		28b. TIN	IE OF JURY M		URY'AT RK? /ES 2	□ NO	28d. DESCRIBE HOW	INJURY OCC	URED		
COMPLETED		Could not be determined	28e. PLACE O building,	F INJURY — At hetc. (Specify)	ome, term,	street, fac	tory, offic	•		281. LOCATION (Street City or Town, State	end Number	or Rural Rou	te Number,	
IPLE										to the cause(e) end ma				
SO		1		xamination end/or	Investigation	on, in my o	pinion, d	eath occur	red at the	time, date end place, e	nd due to the	ceuse(e) e	nd menner se stated.	
TO BE	29b. SIGNATURE AND TITLE	Show	0	K.	PA	UK	FP	29c. LIC	168	ABER P30	29d. DATE	SIGNED (M	onth, day, Year)	
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	31. DATE FILED (Month, Day,	Year)	AS	R'S SIGNATURE										
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DIVISION OF VITAL RECORDS, P.O. BOX 6

IN THE MACRITAL OR ATTENDING PARKINAN. The law remainer that the death nerificate he executed within 50 hours after death. Page 6 may be instituted by the bosonies or extending observing	OTH INTERIOR. THE CALIFORNIA THE ATTENDING DAYS OF THE DAYS AND THE DAY THE THE PART OF THE STORY OF THE STORY OF THE STREET OF THE STORY OF THE STREET OF T	nours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHY	THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death with th	MPORTANT: It item 28 is marked,

STATE OF MARYLAND / DEPARTM	ENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICA	ATE OF DEATH	REG NO

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTING			MENTAL HYGI		
	1. DECEDENT'S NAME (First, Middle, Last) Edward J. Stack					2. DATE OF DEATH MONTH August		3. TIME OF DEATN 10:00a M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Veer) Country)						HPLACE (State or Foreign	
TOR	Southern Maryla RESIDENCE OF DECEDENT			Clinto	n Location of t	DEATN	Prince	Georges
DIRECTOR	Maryland Prin	106. COUNTY 106. CITY, TOWN OR LOCATION 1 and Prince Georges Camp Springs					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	4783 Allentown			2	0746		USA	WHAT COUNTRY?
BY	11. MARITAL STATUS 12 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, sp		NIC ORIGIN? (Specify an, Puarto Rican, etc.) lly:	Bla Spe	CE — American Indian, ck, Whita, etc. city: 1 te
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	B. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mo etired.)	st of working		BUSINESS/INDUSTRY	
COMP	17. FATNER'S NAME (First, Middle, Last)		estaura	int Ma		HOTEL AME (First, Middle, Mail	Industr	У
BE	Edward F. Stack		19b. MAILING AT	ORFSS (Street)		ce Bulli	On Town, State, Zip Code)	15104
임	Edward F. Stack		406 Ca	mp Av	enue,	Braddock	,Pennsy	lvania
	20a. METHOD OF DISPOSITION Y Burlal 2 ☐ Cramation 3 ☐ Ramov 4 ☐ Donation 6 ※ Other (Specify) Ent	ombment 20b. PLI	ACEANDDATEOF (v. cremetors or other 1 ty Mem	osposizion (Propiese) Norial	egheny Park	DATE 20c.	Allison Pennsyl	Park,
	21, SIGNATURE OF YMERAL SERVICE LICES			²² Tve	S-Pear ington	Son Fune	eral Home 22201	es
	22. PART Enter the diseases, Dr corehook, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	pplications that caused that only one cause on each BRAIN DUE TO (OR AS A CO	DEA		de of dying, au	ch aa cerdlac or re	espiratory arreat,	Approximeta Interval Between Onset and Death
RTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CARDIA C THROMBOSIS MASSIVE RT SIDE CEREBRO VASCULAR ACCIDENT DUE TO (OR AS A CONSEQUENCE OF): CARDIA C THROMBOSIS							
ERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO			0-23.5			
MEDICAL CE	PART II. Other algolificant conditions	contributing to death but r	not reaulting in t	the underlyin	g cause given i	PER	S AN AUTOPSY FORMED?	I.b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATHY 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	ACE OF DEATH (C	heck only one)		
SIC		IOSPITAL: Minpatient 2 - ER/Outpatie		THER:		6 Other (Specify)		J. Warren
	27. MANNER OF DEATH 1 X Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WO	URY AT	28d. DESCRIBE NO	W INJURY OCCURED	
TED BY	2 Accident 3 Suicide 4 Homicide 5 Could not be determined 6 Could not be determined 7 Description 8 1 YES 2 NO 8 1 YES 2 NO 9 28. PLACE OF INJURY — At home, farm, street, factory, office 9 Description 9 28. PLACE OF INJURY — At home, farm, street, factory, office 1 Description 9 28. PLACE OF INJURY — At home, farm, street, factory, office 1 City or Town, State)					Route Number,		
COMPLETED	and a	AN: To the best of my knowledg						(a) and menner as stated.
BE CO	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	IMBER	29d. DATE SIGNE	D (Month, Day, Year)
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VSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-tra		otified at once.
th. Page 6 may be re	neral director, page 5		is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
24 hours after deal	filled in by the fun	tion, or removal.	the medical exam
be executed within	cian and completely	or to bunal, cremat	raumatic event,
he death certificate	the attending physical	Mental Hygiene pr	njury, or other t
law requires that t	as been signed by	lept, of Health and	23 shows any I
NG PHYSICIAN: The	fter this certificate his	r death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	marked, or Item
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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle Last) 2. DATE OF OEATH 3. TIME OF DEATH Spille Katherine August 18 1994 3:10A 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH
(Month, Day, Year)
JULY23, 1921 IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 1 - M 2XXF 73 DAYS HOURS YRS NewJersey 158-16-4886 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH Memorial Hospital @ Easton Easton Talbot RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a STATE 10b. COUNTY 10d. INSIDE CITY Maryland Talbot Easton 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10a, CITIZEN OF WHAT COUNTRY? 29 Park Lane 21601 U. S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 YES 2 NO Specify: 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 166. KINO OF BUSINESS/INDUSTRY (Specify only highest grade come College (14) or 5+) Elementery/Secondary (0-12) 12 School Bus Driver Transportation 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumam Ernest Anderson Ethola Frost 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Routs Number, City or Town, State, Zip Code) Bernhard W.Spille, III 18Force Place MT. Tabor, New Jersey 07070 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata 1 Burial 2 Cremation 3 Ramoval from State
4 Donation 5 Other (Specify) Metro Crematory 22. NAME AND ADDRESS OF FACILITY 8/19 Catonsville, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE muchael Marzullo Funeral Service 981Carrollton Road Upperco, Maryland21155 23. PART I. Enter the diseases, or complications that caused the death. Do not enter tha moda of dying, auch as cardiac or respiratory arrest, Approximate shock, or haart fallura. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Dasth disesse or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 TYNO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 🔁 NO 🗌 UNCERTAIN 🗆 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 X Inpatient 2 - ER/Outpetient 3 - DOA 1 XYES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 28b. TIME OF INJURY 26c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending 1 YES 2 NO Investigation 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) and manner as stated. 296 SIGNATURE AND TITLE OF GENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month/ Day, Year) 88

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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Stanley Bysshe MD 505 Dutchmans Lane Easton 21601 Md AUG 2 5 1994 July Distrar's SCHATHRE

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ITEMS: 23 PART I, 27, 28a,b,d,e,f, PER MEO FILM G-714 8/25/94 t.t.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH 3. TIME OF DEATH TAMMY SHERIE SOLOMON 199 5 . 05P 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 217-76-4316 34 DAYS HOURS 1 M 2 XF Maryland YAS 8-13-59 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH DIRECTOR 2839 W. COLDSPRING LANE. Baltimore City. RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNT 10d. INSIDE CITY Baltimore Md. 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? USA 2420 Loyola Southway 21215 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: Black B 3 Widowed 4 Divorced 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spec ᆸ Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 Beautician Hair Care 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Betty Lyles Thomas W. Solomon BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, 2420 Loyola Southway Balto., Md. 2 21215 Betty Solomon 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State King Memorial Park Woodlawn Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE DEENSEE 22. NAME AND ADDRESS OF FACILITY Derrick C. Jones F.H. 4611 Park Heights Ave Balto., Md. 23. PART i. Enter the diseasee, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory errest, abock, or heert feliure. List only one could on each line. interval Between **IMMEDIATE CAUSE (Final Onset and Death** disease or condition NARCOTIC INTOXICATION recuiting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequenitally ilst conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate e. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in deeth) LAST PART ii. Other significent conditione contributing to death but not recuiting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY MÉDICAL 1 YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1X YES 2 □ NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Basidence 6 Other (Specify) 27. MANNER OF DEATH 28s. OATE OF INJURY (Month, Day, Year) 28b. TIME OF FOUNDURY 4:30 P M 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural FOUND: 8-4-94 1 YES 2 NO B LINKNOWN 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 XXCould not be COMPLETED 4 Homicide datermined FOUND: 2839 W. COLDSPRING LANE BALTIMORE CITY 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 [X] MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNEO (Month, Day, Year)

AUGUST 05 1994 29c. LICENSE NUMBER BE O.C.M.E. me 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D. Wolf Deright Penn Street, Baltimore, Maryland 21201. MARYPRYS 32. REGISTRAR'S BIGNATURE 31. DATE FILEO (Month, Day, Year)

Page 6 may be retained by the hospital or attending physician, all director, page 5 should be detached for use as the burial-transit MARYLAND 21215-0020 BALTIMORE, after death. hours a executed

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

wecuted within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages the filled within 72 hours after death with the State Deot, of Health and Mental Hybride prior to bunal cremation, or removal	atic event, the medical examiner must be notified at once.
TO THE HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physical process.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the the filed within 72 hours after death with the State Debt. of Health and Mental Houlene prior to burial, cremation, or removal	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF DEATH
	WILLIAM CHARLES S	EKINGER, SR				MONTH OF	7 99	11 LOAM
	220-03-5802	1 💢 M 2 🗌 F	(In yrs. lest birthday) 77 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Apr 3 1	917 8. BIFT	HPLACE (State or Foreign htty) Maryland
OR	96. FACILITY NAME (If not institution, give stre- Stela Maris Hosp				OWSON	ATH	9c. COUNTY OF Bal	oeath timore
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCA	ION			10d. INSIDE CITY
L DIRECTOR	Maryland 100. STREET AND NUMBER	Harford			1 - 11	estHill	T	LIMITS?
FUNERAL		neasant Driv			210	050	Unite	ed States
R	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER H FORCES? 1 X YES IF YES, GIVE WAR OR D WW I AY	2 NO ATES	If yes, sp		ilC ORIGIN? (Specify Yeon, Puerto Rican, etc.)	Ble	CE — American Indian, ck, White, etc. City: White
PLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	TION ompleted) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life, Do NOT us Mecha		DN st of working	16b. KIND OF BU	SINESS/INDUSTRY	
COMPLE	17. FATNER'S NAME (First, Middle, Last)	William O. S	Sekinger		18. MOTNER'S NA	ME (First, Middle, Meiden Nellie B		
0 85	190. INFORMANT'S NAME (Type/Print) William C. Seking		19b. MAILING	ADDRESS (Street of Pheasan		Route Number, City or Tow	n, State, Zip Code)	21050
	20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Remove	206	. PLACE AND DATE	OF DISPOSITION (N	me of	Forest Hi	CATION — City or	
	4 Donetion 5 Other (Specify)	Ga	ardens of		8/26/94		altimore	
	> milton	Milton J	Knight Jr		Harford I	Leonar	dJ. Ruck imore,Mo	
	23. PART I. Enter the disease of corshock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	LUNG	ach ilns.	ER_	da of dying, sucl	h ss cardiac or rasp	iratory arrest,	Approximate interval Between Onset and Death
DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST d.								
EDICAL C	PART II. Other significant conditions	contributing to death b	ut not resulting	in the undarlyin	g cauaa givan in	Part i. 24a. WAS AN PERFOR	RMED?	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
. N	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF	DEATH Y	ES NO			1 TES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	eck only one)		
מו	1 YES 2 NO	☐ Inpetient 2 ☐ ER/Outp			e 5 🗆 Residence	s X Other (Specify)	HOSPICE	
7	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	JURY WO	URY AT RK? /ES 2 NO	28d. DESCRIBE NOW I	NJURY OCCURED	
	3 Suicide S Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, lerm, crfy)	street, lectory, offic		281. LOCATION (Street of City or Town, State)	and Number or Rural	Route Number,
OMPLE	29e. CERTIFIER 1 CERTIFYING PNYSICIA (Check only one) 2 MEDICAL EXAMINER:	AN: To the bast of my know						(s) end menner ee stated.
	290. SIGNATURE AND TITLE OF CERTIFIER	2010 b	1.1.2		29c. LICENSE NUN	IBER	29d. DATE SIGNE	O (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	. Print)	0000	ر_٢	1 2/0	/ 47
	DR. KENDALL R. FAU		2300 DUL	ANEY VAL	LEY RD.	, TOWSON,	MD 2120	4
	31. DATE FILEO (Month, Bay, Year)	REGISTRAR'S SIGN	ATOR II					
	AUG 9 5 1001	THE BURESTAN	- CONTRACTOR					

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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF I		ENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	8. Stewar	t Sarah Stewar	t	2. DATE OF OEATH MONTH DAY	SEAR 1:30 A
1 4	4. SOCIAL SECONTY NUMBER 228245113 9s. FACILITY NAME (If not institution, give	5. SEX 1 M 2 F 6. AGE (In yrs. les	YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DEA	7. DATE OF BIRTH (Month, Day, Year) 09/23/25 TH 9c. CO	8. BIRTHPLACE (State or Foreign Country) North Carolina UNITY OF DEATH
DIRECTOR	Church Home	Hospital	Balt 10c. CITY, TOWN OR LOCA	imore	City	
	md,	Baltimore Sunflower Lane	Ballin	Middle		10d. INSIDE CITY LIMITS? 1 YES 2XXNO TIZEN OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2XXX IF YES, GIVE WAR OR DATES	NO If yes, a	CENDENT OF HISPANIC pecify Cuban, Mexican, \$ 2 \(\) NO Specify:	C ORIGIN? (Specify Yea or No— Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify:
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BE COMPL	17. FATHER'S NAME (First, Middle, Last) Benjamin Stewar	ıt	Mall		E (First, Middle, Malden Surname) Blalock	
TO 8	198. INFORMANT'S NAME (Type/Print) Betty Wells		101 Sunflow	ver Lane	ute Number, City or Rown, State, i Middle River,	MD 21220
	20e, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rea 4 Donation 6 Other (Specify) 21. SIGNATURE OF MICRAL SERVICE L	noval from State cemetary, cre	and date of disposition (natory or other place) Lawn Cemete	ery 8/2	3/94 Balti	- City or Town, State imore, Maryland
	Toegon	E. Kees	7922	2 Wise Ave	Dundalk, N	
	23. PART I. Enter the shock of the failure interest of	. Liet only one cause on each line	espuolare	0.	an cardiac or respiratory a	Approximate Interval Between Onset and Death
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HYSICIAN	EXAMINER? 1 YES 2 YOU 27. MANNER OF CEATH	HOSPITAL: 1 Inpetient 2 ER/Outpatient 3 28s. DATE OF INJURY		me 5 Residence 6	Other (Specify) 26d. DESCRIBE HOW INJURY O	CCURED
ву Р	1 Natural 5 Pending 2 Accident Investigation 3 Suicide & Could	(Month, Day, Year) 26e. PLACE OF INJURY — Al he	M 1	YES 2 NO	26f. LOCATION (Street and Numb	
ETED	4 Homicide determined	building, etc. (Specify)			City or Town, State)	
COMPL	(Check only	SICIAN: To the best of my knowledge, de IER: On the basis of examination and/or				
BE	29b. SIGNATURE AND TITLE OF CERTIFI		aysi ceaus	29c. LICENSE NUME		RTE SIGNED (Moran, Oay, Year)
TO BE CO	30. NAME AND ADDRESS OF PERSON W	RIAL — CHU		p,		7.7

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UNION BATTENDING PHYSICIAN: The law requires that the death certificate be executed with.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit, Pages 1, 2, 3 should	Thours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or remova	It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifie

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - DECEDENT'S NAME (First, Middle, Last)

1 - DECEDENT'S NAME (First, Middle, Last)

2 - DATE OF DEATH

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4. SOCIAL SECURITY NUMBER 216-14-726 90. FACILITY NAME (IF NOT INSTITUTE CHURCH RESIDENCE OF DECEDE 100. STATE 100. Maryland - 100. STREET AND NUMBER 225 N. Luzern	1 M 2 F In, give street and number) HOS PITA	73 YRS.	IF UNDER 1 YEAR IF UNDER	0	2 91	1 3: 55 P			
CHURCH RESIDENCE OF DECEDE 10a. STATE Maryland 10a. STREET AND NUMBER	HOSPITA	/		MIN. April 25,	4.0	IRTHPLACE (State or Foreign Dynny) Maryland			
10e. STATE 10b. Maryland - 10e. STREET AND NUMBER			96. CITY, TOWN OR LOCATION		9c. COUNTY (
			y, town or Location	E - VOIL 1		10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
	e Avenue		101. ZIP CODE 21224		10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
11. MARITAL STATUS 1 Never Married 2 Marries 3 Widowed 4 Divorced	FORCES? 1 T	ever in u.s. armed 7 yes 2 no R on dates 1 War II		HISPANIC ORIGIN? (Specify Ye, Maxican, Puerto Rican, etc.) Specify:					
	r's EDUCATION lest grade completed) College (1-4 or 5 +) N/A	18a. DECEDENT'S			SINESS/INDUSTI				
17. FATHER'S NAME (First, Middle, George Smith		Hallage	16. MOTH	ER'S NAME (First, Middle, Meiden Collins	-	an large			
19a. INFORMANT'S NAME (Type/Pr Helen C. Smit	h (Wife)			or Rural Route Number, City or Tow enue, Baltimo					
20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 4 Donation 5 Other (Spec	(fy)		of Disposition (Name of ther place) L'Cemetery		en Burr	r Town, Stata ie, Marylan			
21. SIGNATURE OF FUNERAL SER	VICE LICENSEE			Funeral Home ms Lane, Balt					
Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C	PR AS A CONSEQUENCE OF AS A CONSEQUENCE OF	H DISCASE WI	H HYPOXEMIO A	NO MY REPO	ARBI P			
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radi ii. Other significent of						1 TES 2 NO			
25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:	ED/Dutanotions 3 DAA	OTHER:	ATH (Check only one)					
25. WAS CASE REFERRED TO MED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pendi	HOSPITAL: 1, Inpatient 2 1 28a. DATE OF II (Month. Day	ER/Outpetient 3 DOA JURY 26b. Tilk Near) IN.	OTHER: 4 □ Nursing Home 5 □ Res	Idence 6 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCURE	1 YES 2 NO			
25. WAS CASE REFERRED TO MED EXAMINER? 1	HOSPITAL: 1, A inpatient 2 1 28s. DATE OF it (Month, Day gation not be 28s. PLACE OF building, at	iJURY 28b. TM	OTHER: 4 Nursing Home 5 Ret E OF 28c, INJURY AT JURY NURK? 1 YES 2	Idence 6 Other (Specify) 28d. DE\$CRIBE HOW	and Number or Ri	1 YES 2 NO			
25. WAS CASE REFERRED TO MET EXAMINER? 1	HOSPITAL: 1, Apartent 2 1 28s. DATE OF (Month, Day) gation not be wined 28s. PLACE OF building, at a continuous of the building, at a continuous of the best of months.	Year) 28b. Till IN. INJURY — At home, farm, c. (Specify) y knowledge, daeth occur	OTHER: 4 Nursing Home 5 Ref IE OF 28c. INJURY AT IURY M 1 YES 2 street, factory, office	NO 28f. LOCATION (Street	and Number or Re	1 YES 2 NO			

	3	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLA			TMENT				MENTA	L HYGIEN	E		
. [1. DECEDENT'S NAME (First,	, Middle, Last)										OF OEATN			3. TIME OF DEATN
•		Eva Margar	et Ty	ler								Aug			YEAR	5:55 AM
		4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In	n yrs. last bli	irthday)	IF UNDER 1		IF UNDER	24 HRS.	7. DATE OF BIRTH			8. BIRTHE	PLACE (State or Foreign
_		213-14-6617	7	1 🗌 M 2 💢 F	75		YRS.	MONTHS	DAYS	HOURS	MIN.	June	e 12,	1919	Mar	yland
3 should		9e. FACILITY NAME (If not in	astitution, give s	treet and number)			\neg	9b. CITY, 1	OWN (OR LOCATIO	ON OF DE	ATH		9c. COU	NTY OF DE	ATN
e .;	OR			ial Hos	spita	al	Baltimore (ity				
\$ 1,	티	RESIDENCE OF DEC	10b. COUNT	,		107	10c. CITY, TOWN OR LOCATION									
Page	DIRECTOR	Maryland		Baltimoı	re	- 1	ioc. Gii	, IOWN ON	LUCAI		7 1 1 1 2	a Nov	72			10d. INSIDE CITY LIMITS? 1 YES 2 NO
ermit.		10e. STREET AND NUMBER		201101					101	. ZIP CODE		10g. CITIZEN OF				
isit pe	ER/	7209 Prince	Georg	ge Road								1207				tates
by the hospital or attending physician. be detached for use as the bunial-transit permit. Pages 1, 2, at once.	BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo	U.S. ARMEI 2 XNO	PMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE—Black,						- American Indian, White, etc.						
attend se as	8		EDENT'S EDU					USUAL OCC				16b	. KIND OF BUS	INESS/INC	DUSTRY	-
or of	<u>u</u>	Elementery/Secondary (0	y highest grade 0-12)	College (1-4 or 5	+)	life. Do	kind of w	vork done du e retired.)	ring mo	st of workin	g					
ospita thed	鱼		6	years		Publi	ic H	High S	Sch	001 7	Ceacl	cher Forest Park High Scho				gh School
the hor detach	COMPLET	17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname)														
ed by	BE	Jerome Davi		fferson									e Adai		Villi	ams
5 should	2	190. INFORMANT'S NAME (7)			end Number or Rural Route Number, City or Town, State, Zip Code)											
ay be		William J. Tyler 630 South Pearl St. Columbus, OHIO 43206 200. METHOD OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION — City or Town, State														
e 6 mar ector, p		Commellion 3 Removal from State Compellary, or other place) A Donellon 5 Other (Specify) Woodlawn Cemetery 8/27/94 Baltimore, Maryland														
death. Pag tuneral dir i. examiner		21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	1	1	_	22. N	AME AN	ND ADDRES	SS OF FA	FUTO	ral Di	roct	ore T	NC
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LOTING Byers Funeral Directors, INC. 8728 Liberty Rd Randallstown, MD 21133-4784 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate														
d in by the or removal		23. PART I. Entar the di shock, or h	leeasea, or o aart fallure.	complications this List only one car	it caused use on ea	the death	n. Do n	ot entar ti	ha mo	da of dyl	ng, suci	h aa card	diac or respi	ratory en	rest,	Approximata interval Between
₹ 5 €		IMMEDIATE CAUSE (Fir disease or condition	10	~ *	-tros	+							Onset and Death			
ted within completely fille ial, cremation, event, the		resulting in death)	→	8	ordiae arrest TO (OR AS A CONSEQUENCE OF):											30 minutes 2 days
g = 6	2								+,	-04						121
	ERTIFICATION	Sequentially list conditions, If any, leading to immediate Due TO (OR AS A CONSEQUENCE OF).													2 days	
ficate be physician ne prior t	CA	cause. Enter UNDERLYI CAUSE (Disease or Inju		с.												
h certificat ending phy Hygiene p or other		that initiated eventa resulting in death) LAS	T	DUE TO	(OR AS A	CONSEQUE	ENCE OF	7):								
the death certificate be the attending physicial if Mental Hygiene prior injury, or other trau	CEH			d												
	_	PART II. Other algnifica	nt condition	s contributing to	daath bu	ut not resu	ulting I	n the und	arlying	g causa g	jivan In	Part i.				WERE AUTOPSY FINDINGS
w requires that the been signed by to cor Heatth and 3 shows any in	MEDICA	hyp	erter	wion								_	PERFOR	/		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
requires sen sign of Heal	ME	9.									/	_				1 TYES 2: NO
has bee Oept. c		DID TOBACCO	O USE	CONTRIBUTI	E TO	CAUSE	OF	DEATH	H Y	ES ,	NO					
V: The lav cate has State Oep Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			T	OTHER:	28. PL	ACE OF D	EATH (Che	ock only or	96)			
SICIAN: The certificate the State	ΥS	1 TYES 2 NO		1 Inpatient 2				4 - Nursir			sidence	8 🗆 Othe	r (Specify)			
his with	ВУ РН		Pending Investigation	28e. DATE OF		2	Bb. TIMI		WO	IURY AT PRK? YES 2] NO	28d. DES	CRIBE NOW II	NJURY OC	CURED	
L OR ATTENDING P DIRECTOR: After t hours after death Item 28 is mar	ED B	3 Sulcide 8	Could not be determined	28e. PLACE (building.	OF INJURY - , etc. (Specif	— At home,	, 1erm, s	tree1, lector	y, offic	•		281, LOC City	ATION (Street e or Town, State)	nd Number	or Rural Ro	oute Number,
DIRECTOR hours afte	1	20. CERTIFIED	- Miles - al													
TAL O	COMPL			CIAN: To the best of												
HOSPITAL FUNERAL WITHIN 72 I	8	2 MED			xamination	end/or inve	atigation	n, in my opi	nlon, d	leath occur	ed at the	time, date	end place, en	d due to th	ne ceuse(s)	end menner ee stated,
TO THE HOSPIT TO THE FUNERA DE filed within 7 IMPORTANT: (BE	29b. SIGNATURE AND TITLE	2		, ,	0				29c. LICE			,	29d. DAT		Month, Day, Year)
5 5 3 A	0	30 NAME AND ADDRESS OF	Jam		Μ.	. U .	7.0	011		AT 8	43	894	-6	P 8	3/23	11994
		30. NAME AND ADDRESS OF	()	ina, M.I		um (ITEM 2)		Mion	^	lem	win!		Hospit	al		
		31. DATE FILED (Month, Day,		32. REGISTR	0	TURE			_	- 100						

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RICHARD FREEMAN, M.D.

31. DATE FILED (Month, Day, Year)

AUG 25 1994

July 22 REGISTRAR'S

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician	completely filled in by the funeral director, page 5 should be detached for use as the burial-trainfal, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 6	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with shours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

							9	4	24000	
	FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN				
- 13	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF OEATH	
24	William A. THOM	MPSON			7	August 16		YEAR	11:45P M	
		5. SEX 6. AGE ((In yrs. last birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	7 22 5	6. BIRTH	IPLACE (State or Foreign	
- V	213-14-1218	1 - M 2 - F 7	O YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Countr	Md .	
- 1	9a. FACILITY NAME (If not institution, give stre			9b. CITY, TOWN O	OR LOCATION OF OR		9c, COUN	TY OF D		
DIRECTOR	Perry Point Vete	rans Hospit	al	Perr	yville,	Md.	С	ecil		
BE	10s. STATE 10b. COUNTY	Somerset		Y, TOWN OR LOCAT					10d. INSIDE CITY LIMITS?	
2	Md. WOT	cester	P		City, Md				1 TYES 2 NO	
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 102. CITIZEN OF WHAT C 21851 USA									
ΞI			N U.S. ARMED	13 WAS DEC		NIC OBIGINS (Specify Yes			American tedien	
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:									k, White, atc. Ify:	
	15. DECEDENT'S EDUCA	W.W.		USUAL OCCUPATION	201	THE KIND OF BUILD	1	107771	White	
COMPLETED	(Specify only highest grade co	ompleted)		work done during mo		16b. KIND OF BUS	SINESS/IND	USTRY		
וּ	Elementary/Secondary (0-12)	College (1-4 or 5+)		,		Madada		_		
₹I	10 17. FATHER'S NAME (First, Middle, Last)		5 ta te	e of Md.	E-state -	Mainte		е		
	Joshua M. Thomp	son			17	ME (First, Middle, Maiden L Richardso	,	1774	ns	
H	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Tow			50	
2	Frances Diggs Th	lompson				Rd Pocomol		,	1851	
	20a, METHOD OF DISPOSITION	20b	PLACE AND DATE	OF DISPOSITION (Na	me of	DATE 20c LO	CATION — C	aty or To	own. State	
	1 Donation 5 Other (Specify)	al from State	netery, crematory or o	ted Meth	.Ch. Cem	.8/20/94 P	ocomo	ke.	Md .	
- 1	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	/		ID ADDRESS OF FA					
	> Tom Glie	llians		Willi	ams Onan	cock F.H.			et St., Va. 23417	
	23. PART I. Enter the diseases, or co	mplications that caused	d tha death. Do i	not antar the mo	da of dying, suc	h as cardiac or reapi	ratory arre	eat,	Approximata	
	ahock, or haart fallure. Li	at only one cause on a	ach Ilna.						Interval Between Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition	Cerebrov	za cou la	~ naaid	lon-				Oliset allo Death	
H	resulting in death) a.		CONSEQUENCE O		tent					
_		302 10 (011 10 1	TO THE CONTRACT OF						İ	
CERTIFICATION	Sequantially list conditions, b.	DUE TO (OR AS A	CONSEQUENCE O	Fi:						
4	If any, leading to immediate cause. Enter UNDERLYING								İ	
	CAUSE (Disease or Injury 1 c. 1hat initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):						
	resulting in death) LAST									
5	a.									
7	PART II. Other algnificant conditions	contributing to death b	out not resulting	in the underlying	g cause given in	Part I. 24a. WAS AN		24b.	WERE AUTOPSY FINDINGS	
3						PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
<u> </u>							2.34		OF DEATH?	
2						—			1 NES 2 NO	
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			26 01	ACE OF DEATH (Ch	and and and				
2	EXAMINER?	HOSPITAL:		OTHER:						
<u>"</u>	t ☐ YES 2 ☐ NO 27. MANNER OF DEATH	Minpetlant 2 ☐ ER/Outp				6 Other (Specify)				
2	1 Natural 5 Pending	(Month, Day, Year)	28b. TIN	JURY WO	RK?	28d. DEŞCRIBE HOW II	NJURY OCC	URED		
5	2 Accident Investigation	20 7 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			rES 2 NO					
3	3 Suicide 8 Could not ba 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, cify)	street, factory, offic	•	281. LOCATION (Street a City or Town, State)	ind Number	or Rural F	loute Number,	
<u>.</u>										
7		AN: To the best of my know								
COMPLEIED	2 MEDICAL EXAMINER:	On the basis of examination	n and/or investigation	on, in my opinion, d	eath occured at the	time, data and place, an	d dua to the	csuse(a	i) and manner as stated.	
ם כ	296. SIGNATURE OF CENTIFIER				29c. LICENSE NUI	MBER	29d. DATE	SIGNED	(Month, Day, Year)	
ן מ	De 1001	man v	~		D370		> A	aal	117 1964	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type	, Print)			M	you.	TITLE	
- 11										

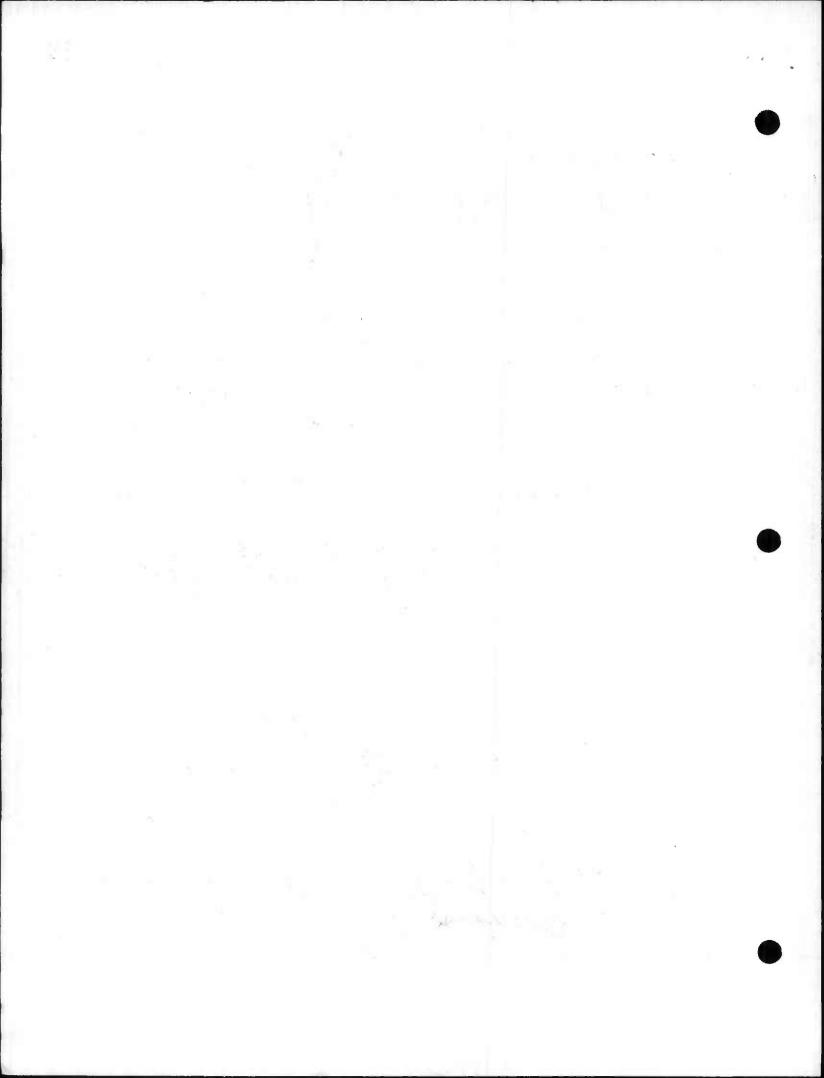
VAMC PERRY POINT, MD

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_		REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO					
		1. DECEDENT'S NAME (First, Middle, Last)	7h 8				2 DATE OF DEATH		3. TIME OF DEATH			
			SEX 6. AGE				MONTH 9		Tyoo bu			
3 should			M 2 F 8	(In yrs. last birthday) YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	12 8. SIF	RTHPLACE (State or Foreign untry)			
		9a. FACILITY NAME (If not institution, give street		1.07 5	100mg	OR LOCATION OF DE		9c. COUNTY OF				
5,	6	RESIDENCE OF DECEDENT	AM. 6040 H	AKTOLDKI	DAO	TIMON	3)		•			
020 physician. burial-transit permit. Pages	DIRECTOR	10e. STATE 10b. COUNTY		77	4 CTO	TION			10d. INSIDE CITY LIMITS?			
n. ansit pern	FUNERAL	6516 AUTA	AVENC	عر	101	2120	6	10g. CITIZEN O	F WHAT COUNTRY?			
O g a	BY FUR	11. MARITAL STATUS 12 1 ☐ Never Merried 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	FORCES? 1X YES	. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1X YES 2 NO IF YES, GIVE WAR OR DATES WWW 11				81	ACE — American Indian, ack, Whita, atc.			
21 after as a se a	6	15. DECEDENT'S EDUCATI (Specify only highest grade con	ON	16a. DECEDENT'S	USUAL OCCUPATIO	ON et of working	16b, KIND OF BU	SINESS/INDUSTRY				
D 2 spital o	APLET		college (1-4 or 5+)		work done during mo se retired.) Salesman		Capita	S				
YLAN by the ho be detact	COMPL	17. FATHER'S NAME (First, Middle, Last) William Towe					ME (First, Middle, Maiden					
MARY! retained by 5 should be notified at	8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		eth Fentre					
	2	Mrs. Lucille M. T	owe				timore, Mo					
may may yr, pa		20a. METHOD OF DISPOSITION 1 [X Burial 2		PLACE AND DATE)	cation — city or timore.	Town, State Maryland			
ALTIMORE, death. Page 6 may be funeral director, page		21. BIONATURE OF FUNERAL SERVICE LICENS	ex	Vame.		sahn Fun						
0 = 0	-	23. PART J. Enter the diseases, or com	disations that cause	Mile death. Do r	740	l Belair	Rd. Balti	more. M	arvland 21236			
tely filled in mation, or r		shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	t only one cause on	leux	ing	9	ipea	ge -	Interval Between Onset and Death			
	NOI	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF)										
, P.O. BOX 68 eath certificate be execut attending physician and critist Hygiene prior to burity, or other traumatic	ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	h							
	O	PART II. Other significant conditions of	ontributing to death h	onthuses too tu	in the underbies	n annun abun tu	Part J. 24s. WAS AN	www. L.				
A 2 2 2 2	EDICAL	The sould appreciate community	Antibuting to death b	nut not resulting	in the underlying	cause given in	PERFOR	IMED?	ANALARIZE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
RECC w requires been signe tr. of Healt	: ME								1 TES 2 NO			
F VITAL RECOI	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINERY	OSPITAL:		THE RESERVE AND ADDRESS OF THE PARTY OF THE	ACE OF BEATH (Ch	ack only one)					
ICIAN: ertifica the St	PHYSI		Inpatient 2 ERYOUTE		The second law of the second		8 (1) Other (Specify)	2				
O FF state	ву Р	1 Natural 5 Pending 2 Accident Investigation	Market Only rough	A 286. TH	MRX'A MO	RK?	28d. DESCRIBE HOW I	NJBRY OCCURED				
言る意志で	E C	3 Suitifide 6 Could not be 4 Homicide (determined	28s. PLACE OF INJURY building, etc. (Spe	A home, telms,	U tackory corp.		281. LOCATION Ground City or house Stand	this refraga or rest	V Route Number			
BO SHI	COMPLET	290. CERTIFIER (Check only	To the best of my know	ledge, death occurr	ed at the time, data	and place, and dua	to the cause(a) and ma	nner se stated.				
HOSPITA TUNERA Within 7	SO	2 MEDICAL EXAMINER: 0	in the basis of axamination	n and/or investigation	on, in my opinion, d	eath occured at the	time, data and place, ar	id due to the caus	e(a) and manner as stated.			
DIVIS TO THE HOSPITAL OR ATTENT TO THE EUNERAL DIRECTO De filed within 72 hours afte) BE	296) SHOMATURE AND TITLE OF CHITCHER	rel	w)	29c. LICENSE NUI	495Z	29d. DATE GIGH	ED (Month, 1984)			
	5	Tom Ebelius 54				d. (488	-7600)	-	1/			
	Ì	31. DATE FAID PONT 205 1994	32. REGISTRAR'S SIGN			. (400	, 000)					
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	The	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	E
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

1. DECEDENT'S NAME (Firs	t, Middle, Last)	ROBERT A	RTHUR 1	CHIEL					2. DATE OF DEATH MONTH AUG I	7 199	94 ^{EAR}	3. TIME OF DEATH	
4. SOCIAL SECURITY NUM 396-03-002		5. SEX 1 💢 M 2 🗆 F	6. AGE (In yrs. In 82	eet birthday) YRS.	IF UNDE MONTHS	DAYS	IF UNDER	24 HRS. MIN.	June 5, 1912 Wisc			THPLACE (State or Foreign ntry) isconsin	
90. FACILITY NAME (# not # National N	aval M	· ·	nter			ry, Town o		ON OF DI				EATH	
NESIDENCE OF DEC 100. STATE Virginia	10b. COUNT Prin	v ce Willia	ım	Aller Are		WN OR LOCATION Desville						10d. INSIDE CITY LIMITS? 1 YES 2XXNO	
4000 Shady		101. ZIP CODE 22065							S.A	WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.: FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE: WOrld War I				2 NO If yes, specify Cuben, Mexican, Puerto Rican					m, Puerto Rican, atc.)				
	CEDENT'S EDU by highest grade 0-12)		,	16a. DECEDENT'S USUAL OCCUPATIO (Give kind of work done during mos life. Do NOT use retired.) General Contract			ost of working			BUSINESS/INDUSTRY			
17. FATHER'S NAME (First, A Arthur Chr		er Thiel							ME (First, Middle, Meiden ne Louise		ler '	Thiel	
190. INFORMANT'S NAME (nd Number	or Rural	Route Number, City or Town Gainesvill	n, State, Zij	Code)		
20a. METHOD OF DISPOSIT 1	on 3 🗆 Rem	oval from State	20b. PLACE	E AND DATE	OF DISPO	SITION /Na	me of		8/18 20c. LO	CATION -	City or To		
21. SIGNATURE OF FUNERA	AL SERVICE LIC	CENSEE			122 L	ee F	unera	ss of fa		assa	s, I	nc.	

reaulting in death) SEPSTS
DUE TO (OR AS A CONSEQUENCE OF): PNEUMOCOCCAL PNEUMONIA Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 24s. WAS AN AUTOPSY PERFORMED? PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES TO NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA OTHER: 1 TYES 2 XNO ig Home 5 - Residence 8 - Other (Specify) 27, MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined 4 Homicide 29e. CERTIFIER (Check only one) 1 XCERTIFYING PHYSICIAN: To like best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner se stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) end 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month) Day, Year)

G. DENTON, LT, MC, WILDRIGH KANDER 27 (Type, Print)

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NATIONAL NAVAL MEDICAL CENTER

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		FOR		CTATE OF	MADVI	AND /	DEDAG	TEATLI		EALTH	AND			- -	i i	7011
		1 - STATE REGISTRAR		STATE OF	MARTL			ICATE				MENIA	REG. NO.	E		
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		4. SOCIAL SECURITY HOME		5. SEX		In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH th, Day, Year)	(ACE (State or Foreign
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BALTIMORE, MARYLAND 21215-0020 urs after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, removal.	BY FU		Never Married 2 Merried FORCES? 1 YES				2 NO If yea, specify Cuban, Maxican, Puarto Rican, atc.) Black, W Specify: Specify:						American Indian, hita, atc. White			
21215 of or attend for use as	ts. DECEDENT'S EDUCATION 180. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 180. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working								STRY							
AND 21 the hospital or detached for u	COMPLET	Elementary/Secondary (t 10th Gra	de	Collega (1-4 or 5	+)	life.	Do NOT u	se retired.) aker						Own H	ome	
MARYLAN retained by the ho 5 should be detact notified at once.	ш	17. FATHER'S NAME (FIRST, N John Fre		18. MOTHER'S NAME (First, Middle, Melden Surname) Florence Mae Fifield												
MARYI retained by 5 should be notified at	10 B	19a. INFORMANT'S NAME (19b	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
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, P.O. BOX 68 eath certificate be executed attending physician and crital Hygiene prior to buriary, or other traumatic	ERTIFICATION	ceuse. Enter UNDERLY CAUSE (Disease or Inju- thet initiated evente	ary	c. DUE TO	O (DR AS A	CONSEC	UENCE O	F):		-						
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TO THE HOSPITAL TO THE FUNERAL De filed within 72 I	핆	296. SIGNATURE AND TITLE	OF CERTIFIER	MIC	W "	SAZ					FZ (-		29d. DATE	SIGNED (M	onth, Day, Year)
5-	2	30. NAME AND ADDRESS O	F PERSON WH						P	. 0 L	NA ME	e (ALL	112.0	-	
		31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SCHATURE														
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MALE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM, 27) (Type, Print)

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH WHI L. TTINGTON 8:50A-M 2 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. OATE OF BIRTH 8. BIRTHPLACE (State or Foreign 216-36-1941 3 DAYS (Month, Day, Year) 10/3/40 MARYLAND 1 🗆 M 2 🔀 F YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF OEATH JOHNS HOPKINS BALTIMORE DIRECTOR GCR. n/a TR RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION BALTIMORE 10b. COUNTY 10d. INSIDE CITY
V LIMITS?
1 YES 2 NO MARYLAND n/am FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1683 CLIFTVIEW AVENUE 21213 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No if yes, specify Cuben, Maxican, Puerto Rican, etc.) RACE — American Indien, Black, White, atc. Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES ВУ 1 TES 2 NO Specify: 3 Widowed 4 Divorced BLACK. COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) LABORER n/a 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle FRANCES N THOMAS BLAKE MURCHISON BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Stre RESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

CLIFTVIEW AVENUE, BALTIMORE, MD#13 2 LYNNE MURCHISON 1683 20a, METHOD OF DISPOSITION
1 A Burlat 2 Crametton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State CARBUTUS) MEMORAAL PAR ARBUTUS, MD 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY NORTHAV WM. C. MARCH FH.-1101 23. CART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, or heert fellure. List only one cause on each line. Interval Between Oneet and Death IMMEDIATE CAUSE (Finel disease or condition DUE TO (OR AS A CONSEQUENCE OF): WEEKS reculting in death) HYPER TENSION CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CUMUNIA CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events reaulting in death) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? PERFORMED? 1 TYES 2 T NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE DF DEATH (Check only one) HOSPITAL 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - OOA Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28c, INJURY AT WORK?
1 YES 2 NO 28a. DATE DF INJURY 28d. DESCRIBE HOW INJURY OCCURED Natural BY 2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(a) end manner as stated. 2 MEDICAL EXAMINER: On ation and/or investigation, in my opinion, death occured at the time, data and place, end due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 8

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	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AL OR	PIN DIR	II iten
1	1	HESPE	N	TANT
(L	TO THE HISS ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or	THE FLIGHAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the completely filled in by the funeral director, page 5 should be detached for the completely filled in by the funeral director, page 5 should be detached for the complete for the filled in by t	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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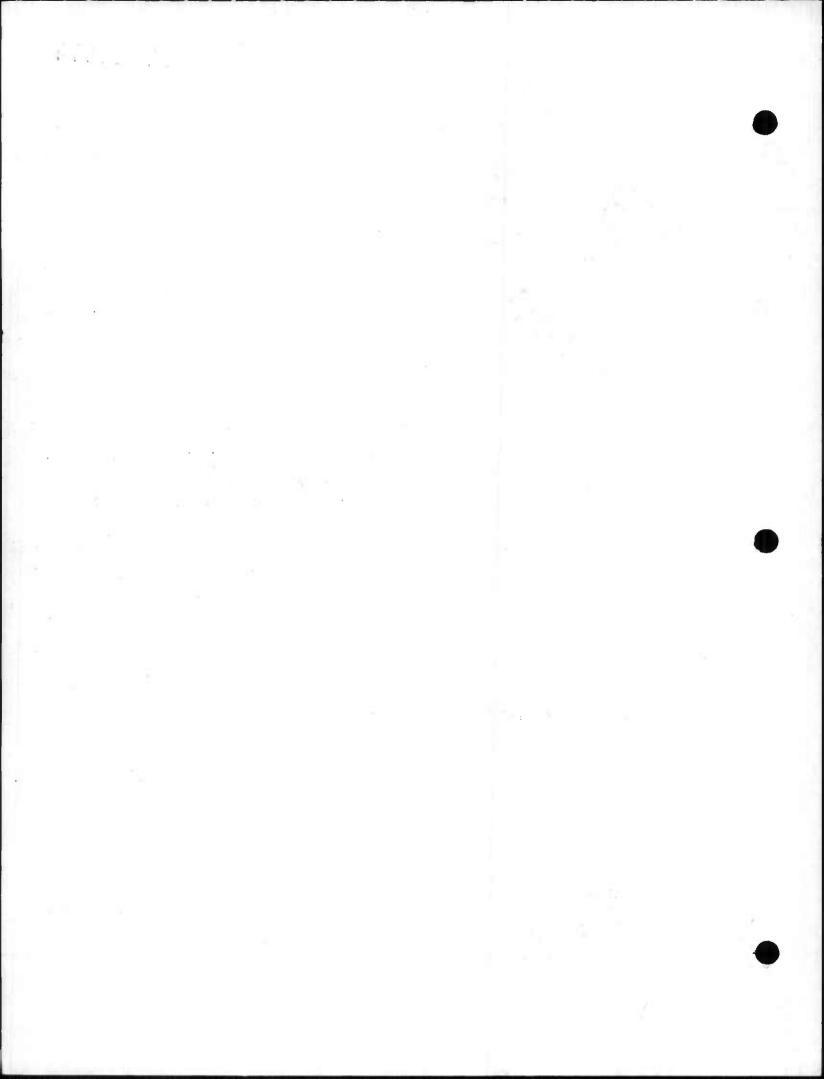
	FOR STATE REGISTRAR	STATE OF MARYLAN		T OF HEALTH AND	MENTAL HYGIENI REG. NO.		
1	1. DECEDENT'S NAME (First, Middle, Lest)	WILL	1AM5		2. DATE OF DEATH MONTH DA	974 1997	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-10-5963	5. SEX 6. AGE (In)	YRS. last birthday) IF UNI	ER 1 YEAR SF UNDER 24 HRS. B DAYS HOURS MIN.	JAN 1, 18	A BIR	THPLACE (State or Foreign
HO H	9s. FACILITY NAME (If not institution, give since CHURCH H	treet and number)	A L 96. C	TY, TOWN OR LOCATION OF P		9c. COUNTY OF	DEATH N/a
DIMECTOR	MARYLAND 106. COUNTY	n/a	10c. CITY, TOW	BALTIMORE			10d. INSIDE CITY V LIMITS? YES 2 NO
FUNERAL	1046 OLD	NORTHPOINT	ROAD	10f. ZIP CODE 21224	CH II	10g. CITIZEN OF	WHAT COUNTRY?
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	17. FATHER'S NAME (First, Middle, Lest) MARTIN ROB	ERTS		18. MOTHER'S NA	AME (First, Middle, Maiden : E BOWMAI	Surname)	HER LE
IO BE	190. INFORMANT'S NAME (Type/Print) IRENE WALK	ER	196 MAILING ADDRI	SE (Super and Number or Flure)	ROAD, CIV BAY	Stort 70 COR	E,MD#12
	20s. METHOD OF DISPOSITION 1X)(Burlet 2 Cremellon 3 Remote 4 Donation 5 Other (Specify)	oval from State 20b. PI	ACE AND DATE OF DISP	OSITION (Name of	DATE 20c. LOC	ARBUT	
	21. SIGNATURE OF FUNERAL SERVICE LIC	Holla!	nel	WM. C. MAF			NORTH AVE.
CENTIFICATION	23. PART i. Enter the diseasea, or cahock, or haert failure. IMMEDIATE CAUSE (Finel disease or condition reauting in death) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST	List only one ceuse on seci	ONSEQUENCE OF):	Wlunn (-		atory arreat,	Approximate Interval Between Onset and Death 20045 Tylican Sylican
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DI FRITS	27. MANNER-OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1/□ Inpetient 2 □ ER/Outpetie 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW IP	JURY OCCURED	
- 10	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY — building, etc. (Specify)	At home, term, street, t	actory, office	281. LOCATION (Street a City or Town, State)	nd Number or Run	el Route Number,
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	30. WAME AND ADDRESS OF PERSON WHO		HITEM 27) (Type, Print)	LOSPITAL ,	BAUTIMONS	Brit	21200
	31. All 1. 25 1994 Ja	la divoler hada					



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RECORDS, P.O. BOX 68760, requires that the death certificate be executed with een signed by the attending physician and complete of Health and Mental Hygiene prior to burial, crem shows any injury, or other traumatic event.	PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE T
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OF VITAL RECORDS, PHYSICIAN: The law requires that the deal this certificate has been signed by the att with the State Dept. of Health and Mema when the State Dept. of shows any injury,	SC	CARDIAC F	ARRY
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TO THE HOSF TO THE FUNE be filed within	TO BE	300. SIGNATURE AND TITLE OF CERTIFIER	uool
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STATE OF	MARYLAND / DEPARTMENT	0F	HEALTH AND	MENTAL	HYGIENE
	CERTIFICATE	O	F DEATH		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF H		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			OF DEATH
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	012 1 1.0-2	5. SEX 6. AGE (In)	yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	*	. BIRTHPLACE (St Country)	tate or Foreign
	90. FACILITY NAME (If not institution, give stre		YRS.			010111	5	MI)
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EC.	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	TION			10d. INSI	DE CITY
1	MARYLAND BALTIM	IORE	BALT	TIMORE				t TYE	15? 8 2 X NO
FUNERAL	too. STREET AND NUMBER 7410 RICKSWAY RD.			10f	21208		10g. CITIZE USA	EN OF WHAT COU	NTRY?
1 2		12. WAS DECEDENT EVER IN U FORCES? 1 YES	S. ARMED			IC ORIGIN? (Specify Ye	e or No— 1	4. RACE — Americ Black, White, e	cen Indian,
ΒYΙ	1 Never Married 2 Married 2 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATE	s X		X NO Specify	n, Puetto Rican, etc.)		Specify:	
ED	15. DECEDENT'S EDUCA	TION 10	60. DECEDENT'S U	ISUAL OCCUPATION	DN .	16b, KIND OF BU	SINESS /INDUS	WHI	TE.
E	(Specify only highest grade of	College (1-4 or 5 +)	(Give kind of wo life. Do NOT use	ork done during mo	st of working	166. KIND OF BU	SINESS/INDU	ынт	
鱼	Elementary/Secondary (0-12)	30.030 (1.40.10.1)	HOUSEWI	FE		AT HOM	Ξ		
BE COMPLET	17. FATHER'S NAME (First, Middle, Last) LOUIS	JAFFE			16. MOTHER'S NAI ESTHE	ME (First, Middle, Malder R	Sumame)		
9	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street a	nd Number or Rural F	Noute Number, City or Tox	vn, Stata, Zip C	Cocle)	
=	ELLEN ROMICH		7410 F	RICKSWAY	RD. BA	LTO., MD	21208		
	20e. METHOD OF DISPOSITION 24 Buriel 2 Cremetion 3 Remov	al trom State 20b. Pl	LACE AND DATE OF		me of	OATE 20c. LC	OCATION — CH	fy or Town, State	
0	4 Donation 5 Other (Specify)	AR	LINGTON	(CHIZUK		8/23/94 B	ALTIMO	RE, MD	
1 1	21. SIGNATURE OF FUNERAL SERVICE/LICE	1200.	101		EVINSON &	BROS., I	NC.		
\Box	Manney 2)	Jurna	_	6010 F	REISTERTO	WN RD. B	ALTO.,		215
	23 PART I. Enter the dispesses, of co shock, or heart fallure. Li	mplications that caused to at only one cause on each	he death. Do no h line.	ot enter the mo	de of dying, such	as cerdiac or reap	lretory arres		proximats erval Between
1 1	iMMEDIATE CAUSE (Final disease or condition	0.	. ^						set and Death
	resulting in death) s.	DUE TO (OR AS A C						0	moult
_		00E 10 (0N AS A C	ONSECUENCE OF)						
흔	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF)	:					
[절	cause. Enter UNDERLYING CAUSE (Disease or injury								
	that initiated events resulting in desth) LAST	DUE TO (OR AS A C	ONSEQUENCE OF)						
CERTIFICATION	d.								
F	PART II. Other aignificant conditions			the underlying	cause given in				TOPSY FINDINGS
MEDIC	CARDIAC F	AKKAJHW	1A Y	MYDC	ARDIA	1 TYES			E PRIOR TO ION OF CAUSE
ME	INFARCT	100		,					2 DNO
ä		ONTRIBUTE TO C	AUSE OF	DEATH Y	ES NO				
SICIAN		HOSPITAL:		26. PL	ACE OF DEATH (Che	ock only one)			
PHYS	1 YES 2 NO	26e. DATE OF INJURY	ent 3 DOA		e 5 Rasidence				
	t Netural 5 Pending	(Month, Day, Year)	INJU	RY WO	RK?	26d. DEŞCRIBE HOW	INJURY OCCU	RED	
ВУ	2 Accident Investigation 3 Suicida & Could not be	28e. PLACE OF INJURY —	At home, ferm, str			281. LOCATION (Street	and Number or	Rural Route Numb	Mr.
딢	4 Homicide 6 Could not be determined	building, etc. (Specify)				City or Town, State			
7	290. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the beat of my knowled	ne death occurred	et the time dete	and place, and due	to the course(s) and ma			
COMPLET		On the basis of examination a							ner ee stated.
_	300. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM			SIGNED (Month, Di	
O BE	HH1028 KILL	1008 MP	DUE	105	DUF	5105	D 8	3/21/0	74
4	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	H (ITEM 27) (Type, I	Print)	Harr	CLAI C	2114	Dalla 1	T
	31. DATE FILEO (Magn), Day, Your)	A2 REGISTRAR SIGNATI	INCOT[]	NESI	1105	rrui N	uw	kulls to	D)II IVI
	700 60 1334 /	- Washington	V						1



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DIVISION OF VITAL BECORDS DO BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the funeral director, page 5 may be retained by the hospital or attending physician. The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

3.	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT O		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) PAU	LINE VIRGINIA W	OLFE		2. DATE OF DEATH AUGUST 22	, 1994°	3. TIME OF DEATH 7:00a
	4. SOCIAL SECURITY NUMBER 235-07-8822	5. SEX 1 M 2 XXF 8. AGE (In yrs. I	YRS. MONTHS DA	YS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) FEB. 17,	1911	BIRTHPLACE (State or Foreign Country)
TOR	90. FACILITY NAME (If not institution, give so Manor Care Nursin RESIDENCE OF DECEDENT			wn or location of b r Spring	PEATH	9c. COUNTY	of OEATH
DIRECTOR	10s. STATE 10b. COUNT	rd County	Ellicott	2000			10d. INSIDE CITY LIMITS? 1 □ YES 2 ☑ NO
	10e. STREET AND NUMBER	in courty	LILICOCC	101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	9043 Dunloggin Co			21042		USA	
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3CM Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. PORCES? 1 TYES 2 TIF YES, GIVE WAR OR DATES	∄NO If ye	DECENDENT OF HISPA a, specify Cuban, Maxic YES 2 100 Specific			RACE — American Indian, Black, Whita, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	DECEDENT'S USUAL OCCU (Give kind of work done durin fe. Do NOT use retired.)	PATION g most of working	16b. KIND OF BU	SINESS/INDUST	TRY
MPL	unknow	n	omemake	-	6 m	n ho	me
	17. FATHER'S NAME (First, Middle, Last) Marion Westley	Brown			AME (First, Middle, Malden		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (St				
5	Mr. Michael Lay		9043 Dunlo				
	20s. METHOD OF DISPOSITION	20b. PLACI	E AND DATE OF DISPOSITIO	N /Name of			or Town, State
	4 Donation 5 Other (Specify)	Mt."	Olivet Ceine			Park	ersburg,WV
	21. SIGNATURE OF FUNERAL SERVICE LIN	/// l	Sla	ck Funeral icott City	ын L Home, Р.Д , Maryland	A. 21043	3
	23. PART I. Enter the diseases, or ehock, or heart ellure.	complications that caused the c	deeth. Do not enter the	mode of dyling, aud	ch as cerdiac or reep	iratory arrest	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	e. Conlis - pul	hung an	ust			Onset and Dea
7	_						
힐	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):						
S CA	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	C					
	that initiated eventa resulting in deeth) LAST	DUE TO (OR AS A CONSI	EOUENCE OF):				
	DART II. Oaken elevidio et a en distre	d					
EDICAL	PART II. Other algnificent condition	ne contributing to deeth but not	resulting in the under	lying ceuse given in	Part I, 24s, WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ				_			1 TES 2 NO
PHYSICIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL		ATH YES NO		N 🗆		
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient	OTHER:	Home 5 Residence	8 Other (Specify)		-
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCUR	ED
BY !	1 Natural 5 Pending 2 Accident Investigation		M 1	YES 2 NO			
요	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At h building, atc. (Specify)	nome, term, atreet, fectory,	offica	28t. LOCATION (Street City or Town, State)	and Number or F	Rural Route Number,
COMPLET		ICIAN: To the best of my knowledge, d					ause(a) and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	R A		29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)
TO B	228	Seilus		MAD 20	-260	× 8/1	2148
_	30. NAME AND ADDRESS OF PERSON WH		EM 27) (Type, Print)				
	31. DATE FILED (MORITI, Day, Year) AUG 25 199	4 32. REGISTRAR'S SIGNATURE	free				

BALTIMORE, MARYLAND 21215-0020

	DIVISION OF VITAL RECORDS, P.O. BOX 68760	1 68760. BALTIMORE, MARYLAND 21215-0020
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with	wexecuted writh yours after death. Page 6 may be retained by the hospital or attending physician.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be burial, cremation, or removal.
	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa-	natic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DAT	E OF DEATN			3. TIME OF DEATN
	Ethel	Naom	i	Wad	gner					Aug		š 19	94	5:20 AM W
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER	R 1 YEAR	IF UNDE	R 24 HRS.	7. DAT	E OF BIRTN		_	HPLACE (State or Foreign
	216-16-7064	1	1 🗆 M 2 🔀 F	77	YRS.	MONTHS	DAYS	HOURS	MIN.		nth, Day, Year) = 2-16		Count	yland
	9e. FACILITY NAME (If not in	stitution, give s	reet end number)			9b. CITY	, TOWN	OR LOCAT	ION OF DE	<u> </u>	2 20	9c. COU	INTY OF D	4
8	Stella Ma	aris Ho	ospice			Tro	DWS C	'n				Dal.	timo	300
5	RESIDENCE OF DEC	EDENT										Dal	CIMO	re
2	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
	Maryland	Balti	more		Tir	noni	ım							1 TES 2 NO
P. P.	100. STREET AND NUMBER 57 Northwo						10	H. ZIP COD				10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL DIRECTOR		od Dr.						2109					S.A.	
2	11. MARITAL STATUS 1 Never Merried 2	Married		X YES 2		13.	WAS DE	CENDENT	OF HISPAN en, Mexice	NIC ORIG	iN? (Specify Yee Rican, etc.)	or No-	14. RAC Blac	E — Americen Indian, k, White, etc.
B	3 🔀 Widowed 4 🗌 Divo		IF YES, GIVE V	AR OR DATES			1 YE	S 2 🔀 NO	Specify	У.			Spec	
	15. DEC	EDENT'S EDUC	CATION	16e, I	DECEDENT'S	USUAL O	CCUPAT	ION		16	b. KIND OF BUS	INFSS/INI	Whi	ce
COMPLETED	(Specify only Elementery/Secondary (0	highest grade	College (1-4 or 5		(Give kind of life. Do NOT u	work done	during m	ost of work	ing	, "	b. KIND OF BOS	IIVE 33/IR	0031HI	
F	Listrative yrosoonidaity (o	,	3 yrs	"	Regis	stere	A N	iirea			Medi	ai ne		
O	17. FATHER'S NAME (First, M.	iddle, Last)			110 921	0010	, d 14		NER'S NA	ME (First	Middle, Maiden		2	
BE C	William O.	Jense	n					Mai			O'Neil			
	19e. INFORMANT'S NAME (7)	ype/Print)			19b. MAILING	ADDRESS	S (Street		_	Route Nu	riber, City or Town		p Code)	
2	Linda M. Ri	ggle			57 No	orthw	boor	Dr.	Ti mo	aniu	m. Md.	2100	2.2	
	20e. METNOD OF DISPOSITI				E AND DATE	OF DISPOS	SITION /N		444					own, State
	4 Donatton 5 Other		OVBI From State	cemetery, d	top S	ther place)	ce	Corp.		18-	24 Tows	on	ма	
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	-5-		22.	NAME A	ND ADDRE	SS OF FA	CILITY				
	1	_/	1/			Ru	ick	Tows	on Fu	ner	al Home	, Ir	ic.	
	23. PART I. Enter the di	seeses. Or o	omplications tha	t caused the	deeth. Do i	not enter	the m	nde of dy	ing suc	TOW	SOII, MO	etopy or	204	Approximate
	shock, or he	eert feliure.	List only one cau	ise on each li	ne.									Interval Between
	IMMEDIATE CAUSE (Fin disease or condition		Cance	er Lun	a									Onset and Death
ł	resulting in deeth)		ð	(OR AS A CONS		n.								
-		_	177	,		• 1.								i I
CERTIFICATION	Sequentially list conditi		DUE TO	(OR AS A CONS	SEOUENCE O	F):								
SAI	ceuse. Enter UNDERLYI	NG												
Ĕ	CAUSE (Diseese or Inju thet initiated events		DUE TO	(DR AS A CONS	SEOUENCE D	F):				-				
E	resulting in deeth) LAS	' (1											
ᅙ	PART II. Other significe	nt condition	s contributing to	death but not	t resulting	In the m	doshila		eliza la	Dant I	24a, WAS AN			, WERE AUTOPSY FINDINGS
MEDICAL			_		· rooming		idettyli	ig couse	given in	roit i.	PERFOR		246	AVAILABLE PRIOR TO COMPLETION OF CAUSE
											1 - YES 2/	∠ NO		OF DEATH?
_														1 PYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO	O MEDICAL					00.0	1 105 05 5	NE 4741 /01					
Si I	EXAMINER?		HOSPITAL:	I EDIO 1 - H -	• C • • •	OTHER	₹:	LACE OF D					_	
¥ I	27. MANNER OF DEATH		1 Inpatient 2 28e. DATE OF		28b, TIM			ne 5 □ R JURY AT	esidence		er (Specify)	IIIBV OO	CURED	
		Pending	(Month, D	ay, Year)		JURY M	W	YES 2	NO.	200. 01	SCHIBE NOW IN	JUNT OC	CORED	
B	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Investigation	28e, PLACE O	F INJURY At	home, ferm.	street, fect				261.10	CATION (Street a	nd Momba	e or Rumi i	Pouts Aumber
		Could not be determined	building,	etc. (Specify)			,				y or Town, State)	io (voinoei	OF HURET	Toda Number,
COMPLET	290. CERTIFIER													
MP			CIAN: To the beet of											
8			H; On the besis of e	reminetion end/o	or investigation	on, in my c	pinion,	death occu	red at the	time, dat	le end place, end	due to II	he ceuse(e) end menner ee atated.
BE	294. SIGNATURE AND TITLE	OF CERTIFIER	C- 0			_		29c. LIC	ENSE NUN	ABER		29d. DAT	E SIGNED	(Month, Day, Year)
2	Kenual	V C	Tell	bre	im)		かっ	256	42		> >	\$124	1/94
	30. NAME AND ADDRESS OF						_							
	Kendall Fat	TKII6	r 2300	natane	ey Va	ille	y R	υ.]	ows	on,	Mary	lanc	1 21	204
	AUG 25 19	OA d	32. REGISTRA	RA SIGNATURE	•									
	HUIT ZO S	134 7	me manual	v. maping	8									

	FOR STATE REGISTRAR
	1. DECEDENT'S NAI
	4. SOCIAL SECURIT
	90. FACILITY NAME
ŀ	RESIDENCE O
į	toe. STATE
	Maryland
ł	10e. STREET AND N
	422
I	11. MARITAL STATU
I	1 Never Married
1	3 A Widowed 4

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1. DECEDENT'S NAME (Fire		Willie	Joshua .	Ande	rs				MONTH	of DEATH D	199	YEAR	3. TIME OF DEATH 11:55 A M		
4. SOCIAL SECURITY NUMBER 227-10-1345 1 M 2 □ F		6. AGE (In yrs. les	AGE (In yrs. last birthday) 85 YRS.		DAYS			7. DATE OF BIRTH (Month, Day, Year) June 1,1		A RIGITHPI ACE		PLACE (State or Foreign) rginia			
9e. FACILITY NAME (If not institution, give street end number) 4221 Bill Moxley Rd.					96. CITY, TOWN OR LOCATION OF DEATH Mt. Airy Freder:						EATN				
RESIDENCE OF DE	CEDENT	ν		100 077	V TOWN	301004	rion						40.4 (410)000 01004		
Maryland					Mt. Airy								tod. INSIDE CITY LIMITS? t PES 2 NO		
10e. STREET AND NUMBER												N OF WHAT COUNTRY?			
4221 Bill Moxley Rd.											USA				
11. MARITAL STATUS 1 Never Married 2 Married 3. Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 Proceed 15. FYES, GIVE WAR OR DATES					If yes, specify Cuben, Mexican, Puerto Rican, atc.) Black, White						- American Indian, white, etc.				
	CEDENT'S EDU				EDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY										
Elementary/Secondary		College (1-4 or 5	- Ma	. Do NOT u	kind of work done during most of working o NOT use retired.) Farmer Farming						g				
17. FATHER'S NAME (First,	Middle, Last)						18. MOT	HER'S NA	ME (First, N	fiddle, Maiden	Sumame)				
Da	ve And	ers						F	rance	s Stor	ut				
19e. INFORMANT'S NAME			19							er, City or Tow					
Penny A				422	L Bil	ll M	oxle;	y Rd.		. Air					
20a, METHOD OF DISPOSITION 1 Description Method of the Property 20b. PLACE 20b. PLACE 20c. METHOD OF DISPOSITION 20b. PLACE 20c. METHOD OF DISPOSITION 20b. PLACE 20c. METHOD OF DISPOSITION 20b. PLACE 20c. METHOD OF DISPOSITION 20b. PLACE 20c. METHOD OF DISPOSITION 20b. PLACE 20c. METHOD OF DISPOSITION 20				ANDDATE	OF DISPOS	SITION IN	ame of		DATE	20c. LO	CATION -	- City or Town, State			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE				Monocacy Cemetery 8/10/94 Beallsville, Md.											
Olin L. Moleswath				Olin L. Molesworth, P.A. 26401 Ridge Rd., Damascus, Md. 20872											
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST															
PART II. Other algorific	cant condition	ns contributing to	daath but not	reaulting	In the ur	nderiyir	g ceuse	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	RMED?	24b	WERE AUTOPSY FINDS AWAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH? t YES 2 NO		
The state of the s															
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:															
1 YES 2 NO		28e. DATE O	ER/Outpatient 3 F INJURY Day, Year)	patient 3 DOA 4 Nursing Nome 5 Assidence 8 Other (Specify) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED											
10 Netural 5 Pending Accident Investigation 3 Suicide 28a. PLACE OF INJURY At ho					M 1 VES 2 NO					LOCATION (Street and Number or Rural Route Number,					
4 Nomicide determined building, etc. (Specify)															
enel		SICIAN: To the best of											e) end manner aa stale		
29b. SIGNATURE AND TITLE OF CERTIFIER Honey no				nio			29c. LIC	SIT	MBER	29d. DATE SIGNED (Month. Day. Year)					
30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)															
Brian M. O'Connor, M.D. 501 W.7th St., Frederick, Md. 21701															
3t. DATE FILED (Month, Da	1 2 199	32. REGISTR	Daveles	0 .	3										
AUG	1 4 13	34	/ In implication	ACOVED!	- 平										

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		and a	Total La	

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR		CERTIF	ICATE OF	DEATH	В	EG. NO.					
	ROBERT ALL	LEN				2. DATE OF I		7 94	YEAR 3.	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 090-12-0330	1 M 2 🗆 F	(in yrs. lest birthday) 72 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E	BIRTH (22	s. BIRTNPLA Country) New	CE (State or Foreign York		
TOR	9a. FACILITY NAME (If not institution, give single Suburban Hospit.			D-11 1						nty of DEATH tgomery		
DIRECTOR	10a. STATE 10b. COUNTY	150				10c. CITY, TOWN OR LOCATION Bethesda 10d. INSIDE CITY LIMITS?						
FUNERAL	100. STREET AND NUMBER 9108 Ewing Drive	e		101. ZIP CODE 109. CITIZEN OF WHAT 20817 United St								
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 X YES 2 N IF YES, GIVE WAR OR DATES WW II			MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No. 14. RACE - Ameri								
COMPLETED	15. DECEDENT'S EDU((Specify only highest grade Elementery/Secondary (0-12)		life, Do NOT us	work done during n se retired.)	lost of working			MESS/INDU	JSTRY	4		
OMPL	Aeronautical Engineer Administration 17. FATHER'S NAME (First, Middle, Last) Aeronautical Engineer Administration											
BEC	Louis Epstein			- 1	Gertru	de Kro	nick	,				
2	19e. INFORMANT'S NAME (Type/Print) Diana Allen				and Number or Rural rive, Be					317		
	20e. METHOD OF DISPOSITION 1	CO	b. PLACE AND DATE	mer piece)		- 1			ity or Town,			
	21. SHOMATURE OF FUNERAL SERVICE LIG	ENSEE	Montgomer M00198	22. NAME	ND ADDRESS OF FA	CH ITY				0814-3501		
	23. PART I. Enter the issesses, or o shock, or heert fellure. I IMMEDIATE CAUSE (Final disease or condition reaulting in death)	Liat Dniy Dne cause on	ed the deeth. Do reach line.	not enter the m	ode of dying, suc	ch es cerdiec				Approximate interval Between Onset and Death		
CERTIFICATION	Sequentisily list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events.)	DUE TO (OR AS	A CONSEQUENCE OF	Clenosis r: nsion						20 years		
CERT	resulting in deeth) LAST	J	hyperli	1								
PHYSICIAN: MEDICAL	- cardiac aritythmia-pacemaker reeded 181 yes 2 NO DED							RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 1 NO				
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 ligation 2 ER/Outpetient 3 DOA 4 Number Name 5 Residence 6 Other (Count)											
ЭНУЅ	27. MANNEB OF DEATH	1 Inpetient 2 FR/Out 28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN	JURY AT	6 Other (Sp 28d, DESCRI	- 27	JURY OCCL	JRED			
B	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR	Y — At homa, ferm,				OCATION (Street and Number or Rural Route Number,					
ETE	4 Nomicide detarmined building, etc. (Specily) City or Town, Stete)											
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner as stated. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner as stated.											
TO BE C	29b. SIGNATURE AND TITLE OF CENTIFIER	ulvin, r	40.	29c. LICENSE NUMBER 29d. DATE SIGNED (Mprith, Day, Year) D 2 1 5 8 7 9 4								
_	30. NAME AND ADDRESS OF PERSON WHI	CHARD E			30 MISCON	UA NIZ	E. #1	750	CHENY	CHASE MP.		
	31. DATE FILED (Month, Day, Year) 1994	32. AEGISTRADS SIG	NATURE CON- Pandalle									

12×1

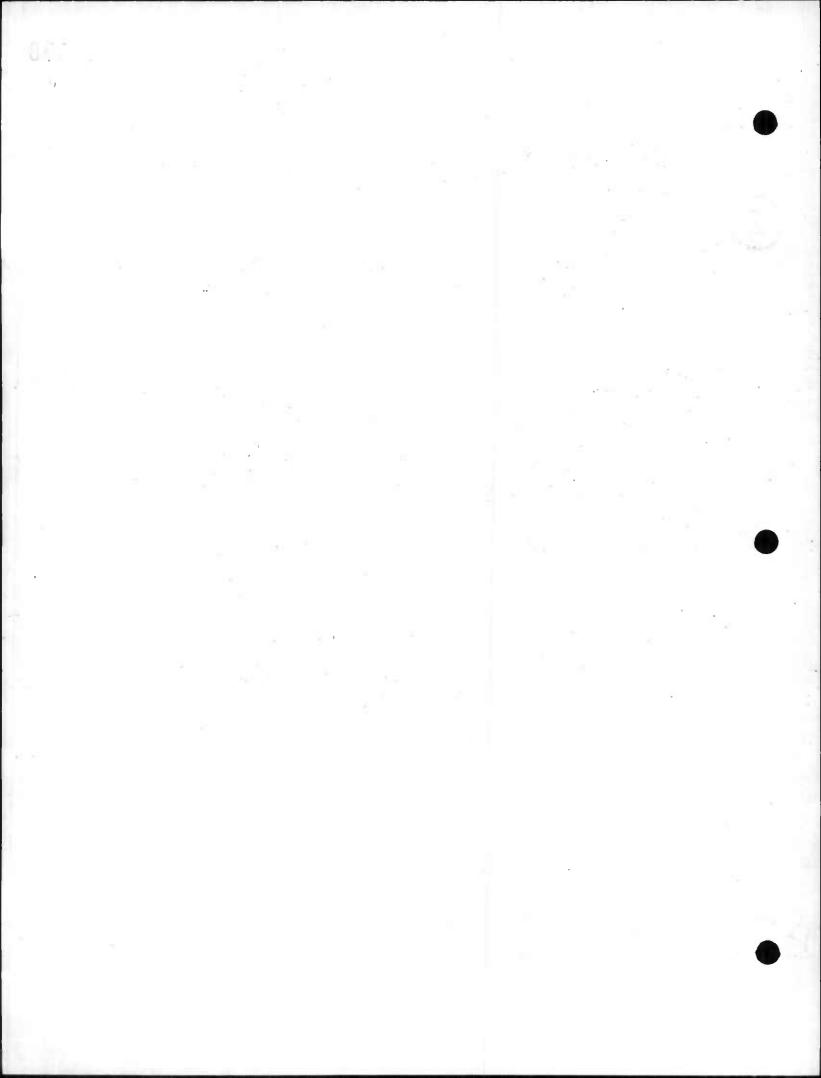
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with an above at the death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89



1	- STATE REGISTRA
i	1. DECEDENT'S N
ľ	FI.

	1 - STATE REGISTRAR	SIAIE UP N	ARTLANU /	RTIF	ICATE	OF	DEAT	AND I		REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
	ELSIE	RENA	ALLI	DE	e				MONTH	4	AY D	94	1145 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE OF (Month, D			8. BIRTH Countr	PLACE (State or Foreign
	579-03-5390	1 🗌 M 2 😿 F	92	YRS.	WONTHS	DAYS	HOURS	MIN.	March		1902		" aryland
~	98. FACILITY NAME (If not institution, give s						R LOCATIO	ON OF DE			9c. COL	INTY OF D	
5	Brooke Grove Nur	sing Home				Olne	У				M	ontgo	omery
DIRECTOR	10e. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN C	OR LOCAT	ION						10d, INSIDE CITY
	Maryland Anne	Arundel			Annap	ooli	S						LIMITS?
AL	10e. STREET AND NUMBER					101	ZIP CODE				10g. CIT	IZEN OF W	HAT COUNTRY?
5	844 Singing Hill	s Court					2140	1			Uni	ited	States
FUNERAL	1t, MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARI	MED	13.	WAS DEC	ENDENT O	F HISPAN	NIC ORIGIN? (Specify Yea	or No-	14. RACE Black	- American Indian, White, etc.
B	3 X Widowed 4 Divorced	IF YES, GIVE W					2 💢 NO			,,		Speci	
	15. DECEDENT'S EDU		16a, DEC	EDENT'S	USUAL O	CCUPATIO	DN .		16b. KI	ND OF BUS	SINESS/IN	DUSTRY	WILLE
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	(Gh	ve kind of	work done (se retired.)	during mo	st of workin	g	100.11		31112301111	001111	
린	10			les						Reta	ail		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First, Mide	die, Maiden	Sumame)		
BE	James Leonard Ma	gruder					I	Fran	ces A.	Mul	liga	n	
0	19a. INFORMANT'S NAME (Type/Print)								Route Number,	,			
	Charles L. Magrue	ier						Ct.					and 21401
	20s. METHOD OF DISPOSITION 1 X Burlet 2 Cremetion 3 Rem	oval from State	20b. PLACE A cemetery, crem	ND DATE	OF DISPOS ther place)	ITION /Na	me of	- 1	DATE	20c. LO	CATION —	City or To	wn, Stata Maryland
	4 Donetion 5 Other (Specify)	SENSEE	Parkia	awn l	Memor	NAME AN	Park	\$ 8/.	10/94	Roc	kvil	le, N	Maryland
	Pula	5-1	MOC	0198	Rç	ber	L A. West	Pum	phrey	Fune	ral	Home/	Rockville,
-	1 acry	an			F	Rock	ville	≥, Ma	arylar	d 2	0850	-2805	inc.
	23. PART i. Enter the diseases, or shock, or hasrt failura.	List only one cau	sa on each lina.	eth. Do i	not enter	the mo	de of dyi	ng, auc	h ss cerdle	or respl	ratory sr	rest,	Approximete interval Between
	iMMEDIATE CAUSE (Finel disesse or condition	Du	0 1										Onset and Death
	resulting in desth)	a. DUE TO	OR AS A CONSEO	UENCE O	Fi:								4 DAYS
z					,								j
TI O	Sequentisity itst conditions, if sny, lesding to immediate	DUE TO	(OR AS A CONSEO	UENCE O	F):								
S	cause. Enter UNDERLYING CAUSE (Disease or injury	с											
E	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEO	UENCE O	F):								
CERTIFICATION		d											
ICAL	PART II. Other significant condition			sulting	In the un	derlying	ceuse g	fven In	Part i. 24	a. WAS AN		24b.	WERE AUTOPSY FINDINGS
DIC.	Congestive	neart f	Failure						.	YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME	•												1 YES 2 NO
ÿ	DID TOBACCO USE	CONTRIBUTE	TO CAUS	E OF	DEAT	ТН Ү	ES 🗌	NC					
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	EATH (Che	eck only one)				
1YS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 I			4 Nun	sing Hom		sidence	6 Other (S		No.		
	1 Natural 5 Pending	(Month, Da		28b. TIN	JURY		DRY AT RK? 'ES 2	1 MG	26d. DESCR	IBE HOW II	NJURY OC	CURED	
BY	2 Accident Investigation 3 Suicide & Could set be	28e. PLACE O	F INJURY — At hon	ne, farm.	atreet, facti			NO	281 LOCATIO	ON (Street II	and Mumba	r or Burni B	oute Number,
COMPLETED	4 Homicide 6 Could not be	building,	etc. (Specify)			,,			City or 1	own, State)	11011100	or ribrar ri	cote regrisor,
H	29a. CERTIFIER (Check only	CIAN: To the heat of	my knowledge des	th accur	ad at the ti	mo data	and place		A Marile			ie.	
ME	(Check only one) 2 MEDICAL EXAMINE												and manner as stated.
	299 SIGNATURE AND TITLE OF CERTIFIER						29c. LICE						(Month, Day, Year)
BE	Dennin M. Han	mon Mo				- 1	DZ31				10	7.9	
2	30. NAME AND ADDRESS OF PERSON WH		SE OF DEATH (ITEM	27) (Type	, Print)		- (-	- /	T
	Dennis M. H.	annon	ma 1	8111	PRI	NU	PIT	IUP	DR	BLN	EY	MM	20832
	31. DATE FILED (Month, Day, Year) ALLG 1 0 1994	32. MEGISTRA	B'S SIGNATURE								-		
	AUG 1 0 1334	Jane Do	widow-No	langua	_								

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within an one to the funeral director, page 5 should be detached for use as the bunding physician and completely filled in by the funeral director, page 5 should be detached for use as the bunding be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

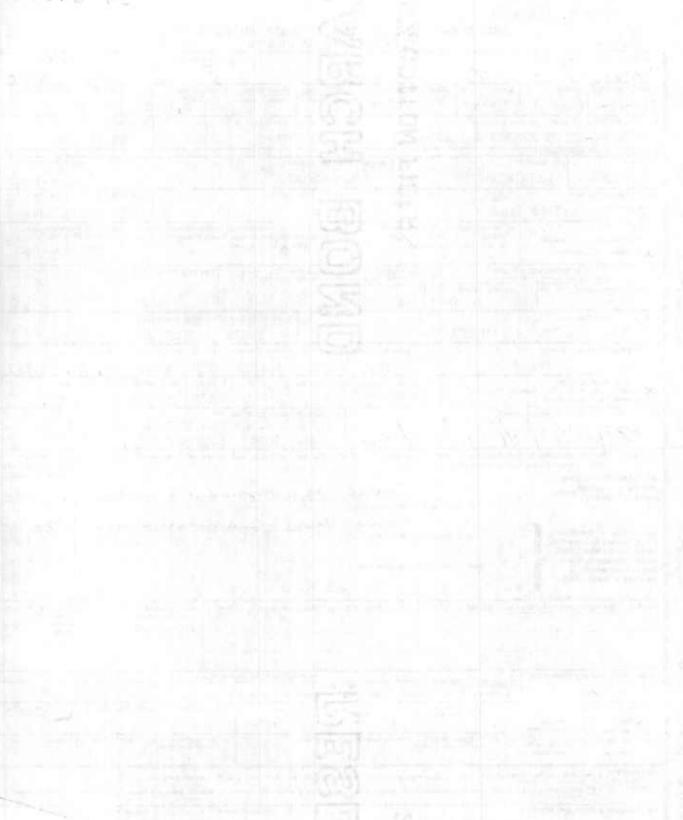
DESCRIPTION OF THE PROPERTY OF

1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATN	,	YEAR	3. TIME OF DEATN
may 6 all	derton							8	4		1994	5,30
4. SOCIAL SECUROY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)		R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF I	BIRTN by Yhar)		6. BIRTN	PLACE (State or Foreign
214-74-2461	1 M 2 TF	92	YRS.	MONTHS	DAYS	HOURS	MIN.	JUNE 8	3,190	2		GINIA
9a. FACILITY NAME (If not institution, give	street and number)			9b. CIT	Y, TOWN (OR LOCATI					NTY OF DI	EATH
FAHRNEY-KEEDY M	EMORIAL H	OME		133	BOOM	SBOR	03			WA	SHIN	GTON
RESIDENCE OF DECEDENT												
10a. STATE 10b. COUN			10c. CI	TY, TOWN	OR LOCAT	TION						10d. INSIDE CITY LIMITS?
MARYLAND WASI	HINGTON			BOON	ISBOF	05						1 - YES 2 NO
10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CIT	ZEN OF W	HAT COUNTRY?
8507 MAPLEVILLE	ROAD						217	13		UNI	TED :	STATES
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	RMED NO	13.	If yes, sp		in, Maxicar	IIC ORIGIN? (S n, Puerto Rice		or No-	14. RACE Black Specifi	— American Indian, i., White, atc.
15. DECEDENT'S ED		16a, Di	ECEDENT'S	USUAL	OCCUPATION	ON		16b, KIP	ND OF BUSI	INESS/IND	DUSTRY	
(Specify only highest grad Elementary/Secondary (0-12)	de completed) College (1-4 or 5 -	Silve	Bive kind of a. Do NOT u	work done	durina mo	st of workli	ng					
12			OMEMA	KER					HO	ME		
17. FATHER'S NAME (First, Middle, Last)				10		18. MOT	NER'S NA	ME (First, Midd				
HENRY WALTON	BRUMB.	ACK					ANNI					
19a. INFORMANT'S NAME (Type/Print)	DICTID.		Sh. Bearen	G ADDOC	0 /0-				IUFFM		0-11	
VERNON ALDERTO	ONT	19						Poute Number,				
	OIA .						UKEL	ROAD				
20a. METNOD OF DISPOSITION 1 № Burlel 2 □ Cremation 3 □ Rea	moval from State	20b. PLACE cometery, cri	AND DATE	OF DISPO	SITION (NE	ime of		DATE			City or To	
4 Donation 5 Other (Specify)		Cometery on UNI	ON CE					8/8	BUR'	TONS	VILL	E, MD.
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE					ND ADDRE			מנדות דו	AT T	O) (T)	20000
Miskil Wes	d/ /-	Sunh	J.					RBER H				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		P.	ich	4h	ALL	E r	~~o	andie	Tut	med	L'an	
disesse or condition	bDUE TO	(OR AS A CONSE	OUENCE (PF):	Kend	The A	~yo(Condice	Tuf	air	ean	
disease or condition resulting in death) Sequentially tist conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events	b	(OR AS A CONSE	OUENCE)F):				Part I. 24	a. WAS AN A PERFORM	WTOPSY WEO?		Onset and D
Sequentially flat conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	(OR AS A CONSE	OUENCE)F):	nderlyin	g cause	given in	Part I. 24	a. WAS AN A	WTOPSY WEO?		WERE AUTOPSY FINDIO ANAILABLE PRIOR OF CAUSOF DEATH?
Sequentially fist conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant conditions.	b. DUE TO c. DUE TO d. DOE TO HOSPITAL:	(OR AS A CONSE	COVENCE	In the u	nderlyin 26. Pi	g cause	given in	Part I. 24	a. WAS AN A PERFORM	WTOPSY WEO?		OF DEATH?
Sequentially fist conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	b. DUE TO c. DUE TO d. DOES CONTributing to HOSPITAL: 1 □ Inpetient 2	(OR AS A CONSE	resulting	OTHE	26. Pi	g cause	given in	Part I. 24	a. WAS AN A PERFORE YES 2 YES 2	WTOPSY WEO?	24b.	WERE AUTOPSY FINDS WARELABLE PRIOR TO COMPLETION OF CAU OF DEATH?
Sequentially fist conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant conditions.	b. DUE TO c. DUE TO d. DOE TO HOSPITAL:	(OR AS A CONSE	reaulting	OTHE	26. PI	g cause	given in	Part I. 24	a. WAS AN A PERFORE YES 2 YES 2	WTOPSY WEO?	24b.	WERE AUTOPSY FINDS WARELABLE PRIOR TO COMPLETION OF CAU OF DEATH?
Sequentially tist conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation	b. DUE TO c. DUE TO d. DOB contributing to HOSPITAL: 1 Inpetiant 2 28a. DATE OF (Month, D.	(OR AS A CONSE	resulting	OTHE	26. Pi	g cause	given in	Part I. 24	a. WAS AN A PERFORI YES 2 Decity) BEE NOW IN	NUTOPSY MEO?	24b.	WERE AUTOPSY FINDS AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
Sequentially flat conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	DUE TO c. DUE TO d.	(OR AS A CONSE	resulting	OTHE	26. Pi	g cause	given in	Part I. 24: 1 1 sck only one) 6 Other (S) 28d. DESCRI	a. WAS AN A PERFORI YES 2 Decity) BEE NOW IN	NUTOPSY MEO?	24b.	WERE AUTOPSY FINDS AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
Sequentially tist conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO C. DUE TO d. DOB contributing to DOB contributing to DOB contributing to DOB contributing to DOB contributing to DOB contributing to DOB contributing to	(OR AS A CONSE Geath but not ER/Outpatient: INJURY Joy, Year) FINJURY — At heate, (Specify)	reaulting 3 □ DOA 28b. Till IN	OTHER	28. Pi R: raing Hom 28c. INJ WC 1	g cause	given in Seatth (Cheesidence NO NO NO NO NO NO NO NO NO NO NO NO NO	Part I. 24	a. WAS AN A PERFORM VES 2 VES 2 Decify) BE NOW IN Street ar own, State)	MUTOPSY MEO? JURY OC IN MUTOPSY OC	24b. CURED r or Rural R ted.	WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
Sequentially tist conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO C. DUE TO d. DOB contributing to DOB contributing to DOB contributing to DOB contributing to DOB contributing to DOB contributing to DOB contributing to	(OR AS A CONSE death but not ER/Outpatient : INJURY (Specify) FINJURY — At heate, (Specify) Type (Specify) Type (Specify)	reaulting 3 □ DOA 28b. Till IN	OTHER	28. Pi R: raing Hom 28c. INJ WC 1	g cause	given in	Part I. 24: 1 1 26t only one) 6 Other (S) 28t. LOCATIC City or R to the cause(i	a. WAS AN A PERFORM VES 2 VES 2 Decify) BE NOW IN Street ar own, State)	MUTOPSY MEO? IJURY OC IJURY OC INDEX I due to ti 29d. DAT	24b. CURED r or Rural R ted. he cause(a)	WERE AUTOPSY FINDS AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
Sequentially tist conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO C. DUE TO d. DUE TO EXAMPLE OF THE TO D. DUE	(OR AS A CONSE Geath but not ER/Outpatient: INJURY Injury — At heate. (Specify) Implementation and/or Amelianation and/or	reaulting 3 □ DOA 28b. Till iN ome, term, leath occur	OTHER	28. Pi R: raing Hom 28c. INJ WC 1	g cause	given in DEATH (Che seidence NO NO NO NO NO NO NO NO NO NO NO NO NO	Part I. 24: 1 1 26t only one) 6 Other (S) 28t. LOCATIC City or R to the cause(i	a. WAS AN A PERFORM VES 2 VES 2 Decify) BE NOW IN Street ar own, State)	MUTOPSY MEO? IJURY OC IJURY OC INDEX I due to ti 29d. DAT	24b. CURED r or Rural R ted.	WERE AUTOPSY FINDIA MAILABLE PRIOR TO COMPLETION OF CAUTO OF DEATH? 1 YES 2 NO
Sequentially fist conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined. 29a. CERTIFIER (Check only one) 1 CERTIFIVING PHY (Check only one) 1 MEDICAL EXAMINED.	DUE TO C. DUE TO d. DUE TO A DU	(OR AS A CONSE Geath but not ER/Outpatient: INJURY ay, Year) FINJURY — At he atc. (Specify) my knowledge, de xamination and/or SE OF DEATH (ITE SE OF DEATH (ITE	reaulting 3 □ DOA 28b. Till iN ome, term, investigati	OTHER OTHER OTHER ME OF JURY M street, fac	26. Pi	g cause . LACE OF D TO 5 R R TO F D TO F	given in	Part I. 24: 1 1 26t only one) 6 Other (S) 28t. LOCATIC City or R to the cause(i	a. WAS AN A PERFORE YES 2 VES 2 Decity) DE NOW IN ON (Street ar own, State)	MUTOPSY MEO? JURY OC IN MO MO MO MO MO MO MO MO MO MO	CURED TO Rural R ted. The cause(a)	WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO Noute Number,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transfer filled within 72 hours after death with the State Dept, of Health and Merital Hygiene prior to burlat, cremation, or removal.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENS

1 - STATE REGISTRAR		OHAIL OF I		CE	RTIF			F DE	ATH	MEN		EG. NO.			
1. DECEOENT'S HAME (First	, Middle, Last)										ATE OF D	DEATH			3. TIME OF DEATH
Bonnie Nac	dine Al	bdi									onth 1gus	t 2	, 19	YEAR Q/i	9:50 A
4. SOCIAL SECURITY NUME		5. SEX	8. AGE	In yrs. lest	birthday)	IF UNC	DER 1 YEA	AR IF UN	DER 24 HRS.	7. D.	ATE OF B	HETH	, 1)		IPLACE (State or Foreign
578-66-937	2	1 🗆 M 2 💢 F		4	5 YRS.	MONTH	S DAY	rs Hour	S MIN.	(A	fonth, Day	/, Year)	040	Countr	γ)
9a. FACILITY NAME (If not in		treet and number)				9h Ci	TV TOW	WN OR LOC	ATION OF D		in.), I	949	Wasi	hington, D
Shady Grove	e Adver	· - ·	spit	a1				ville		, SAITI				ntgo	
10a. STATE	10b. COUHTY	,			10c. CIT	Y. TOW	N OR LO	CATIOH							10d. IHSIDE CITY
Maryland	Monto	gomery			Pot	toma	a C							1	LIMITS?
10e. STREET AND NUMBER	110110	Somery			10	COme	T	10f. ZIP C	ODE				10a CIT	TIZEH OF W	1 YES 2XXNO
8913 Falls (Chape1							208	<i>-</i>				Uni		States
11. MARITAL STATUS 1 Never Married 2 K 3 Widowed 4 Divo	0.50	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER III YES	U.S. ARM 2 X N ATES	WED O	1	If yes,	DECENDEN , specify C YES 2 X I	T OF HISPA sban, Maxic 10 Speci	an, Pua	IGIN? (Sp rto Rican	etc.)	or No-	14. RACE Black Speci	E — American Indian, k, White, etc. thy: Black
	EDENT'S EDUC			16a. DEC	CEDEHT'S	USUAL	OCCUP	ATION			16b. KINI	D OF BUS	SIHESS/IN	OUSTRY	DIUCK
(Specify onl	y highest grade	College (1-4 or 5		(Gh life.	ve kind of v Do NOT us	vork dor e retired	ne during d.)	most of wo	rking	- 1					
and the same of th	, , ,	5+	"	Reco	ords	Ana	alvs	st			Bai	nkin	g.		
17. FATHER'S HAME (First, M	liddle, Last)							Y	OTHER'S N	AME (FA	_	_	<u> </u>		
Willie Fran	nklin								ginet						
19a. INFORMANT'S NAME (7				19h	MAILING	AOORE	ESS (Stre		ber or Rural					in Codel	_
Ahmed N. Abo	di												.,,	,	d 20854
20a. METHOO OF DISPOSIT	ION		20b		_			(Name of			DATE			City or To	
1 Burlel 2 □ Crematic Donation 5 □ Other	on 3 ⊔ Barno (Specify)	oval Irom Stata	G	etery, cren	natory or of	her plac	e) noto	on Ce	meter	-37 8	3/5	Ade	1nhi	Мат	ryland
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	/)	- Wat	2	2. HAME	E AND ADD	RESS OF FA	ACILITY					
- L	V	1	1				Hine	es-Ri	naldi	L Fu	inera	al H	ome,	Inc	•
Andre	w,	Jun 1	M	-		- J	1800) New	Hamp	shi	re l	Ave.	,_Si	lver_	Spring, M
23. PART I. Enter the d shock, or h	aart fallura. I	comparcations the List only one cau	t caused	ths das sch lina.	ath. Do n	ot ant	er the	moda of	dylng, suc	ch ss (cardiac	or reapi	ratory sr	rest,	Approximate Interval Batwee
IMMEDIATE CAUSE (Fir															Onset and Dear
disease or condition resulting in death)	→ ,	B. PULA DUE TO	10N	ARL	1	TH	RC	ME	OE	MI	306	ISM	7		HOURS
Sequentisily list condit	ions.	POST	OP	ER.	ATI	VE		7BD	DMIN	JAC	NY	STE	REC	TOM	Y 12 DAY
if any, leading to imme- cause. Enter UNDERLY															1
CAUSE (Disesse or inju	iny 🕻 🤇	E. Abnor	2 MI	000000	076	RI	NE	16	666	DI	NG				6 MONTH
that initiated avents resulting in death) LAS															
West of the State		. UTE	RIN	6	FI	16 K	501	103							NNKNOW
PART II. Other significa	nt condition	a contributing to	death b	ut not re	eauiting i	n tha	underly	ying caus	e given in	Part I	. 24a.		AUTOPSY	24b.	WERE AUTOPSY FINDING
												PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
											1×	YES 2	□ NO	- 1	OF DEATH?
DID TOBACCO	O USE C	ONTRIBLITE	TO	CALIS	F OF	DE	ATH	YES		7.5	r				1 YES 2 NO
25. WAS CASE REFERRED TO									F OEATH (C	- 25-	ly goal		_		
EXAMINER? 1 X YES 2 NO	_	HOSPITAL:	LED/C.	atlant "	_ no. T	отн	ER:		-						
27. MANNER OF DEATH		28a. DATE OF	-	etrerit 3	26b. TIM	_	-	INJURY AT	Residence				NJURY OC	VIIDED	
1 Natural 5	Pending	(Month, D	ay, Year)			URY		WORK?		Zed.	JESCHIE	E NOW II	NOUNT OC	CUREU	
L Accident	Investigation	26a. PLACE C	E IN IIIOV	41.50					- HO						
	Could not be determined	building,	etc. (Spec	city)	ree, sarrii, a	Rreel, 1	actory, o	OTTICA			City or Tov		ind Numbe	r or Hurai A	floute Number,
29a. CERTIFIER	marras - 11		_								_		_		
(Check only		CIAN: To the best of													
			AMITTER STATE	i and/or ii	iveatigatio	n, m m	у ориног	n, death of	cured at Inc	e IIme,	data and	place, an	d due to t	ha cause(a) and manner as stated.
29b. SIGNATURE AND TITLE	OF CERTIFIER	91	1.		ma	7		29c. l	ICENSE HU			, 7	29d. DA	TE SIGNED	(Month, Day, Year)
4 udtik	- W.	/ Jare	le	N	111	0			U3	50	04		> 5	14/	79
30. NAME AND ADDRESS OF					27) (Type,	Print)									10 20850
JUDITH		GURO11	NN	147	1	500	KI	GSGA.	RCH	82	しり	Ka	CKVIC	LE M	10 40850
31. DATE FILED (Month, Day,	Year)	32. BEGISTRA	R'S SIGN	ATURE	1.00										
AUG 0	8 1994	gunar	aurds	m-ya	nauth										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and long after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

i .

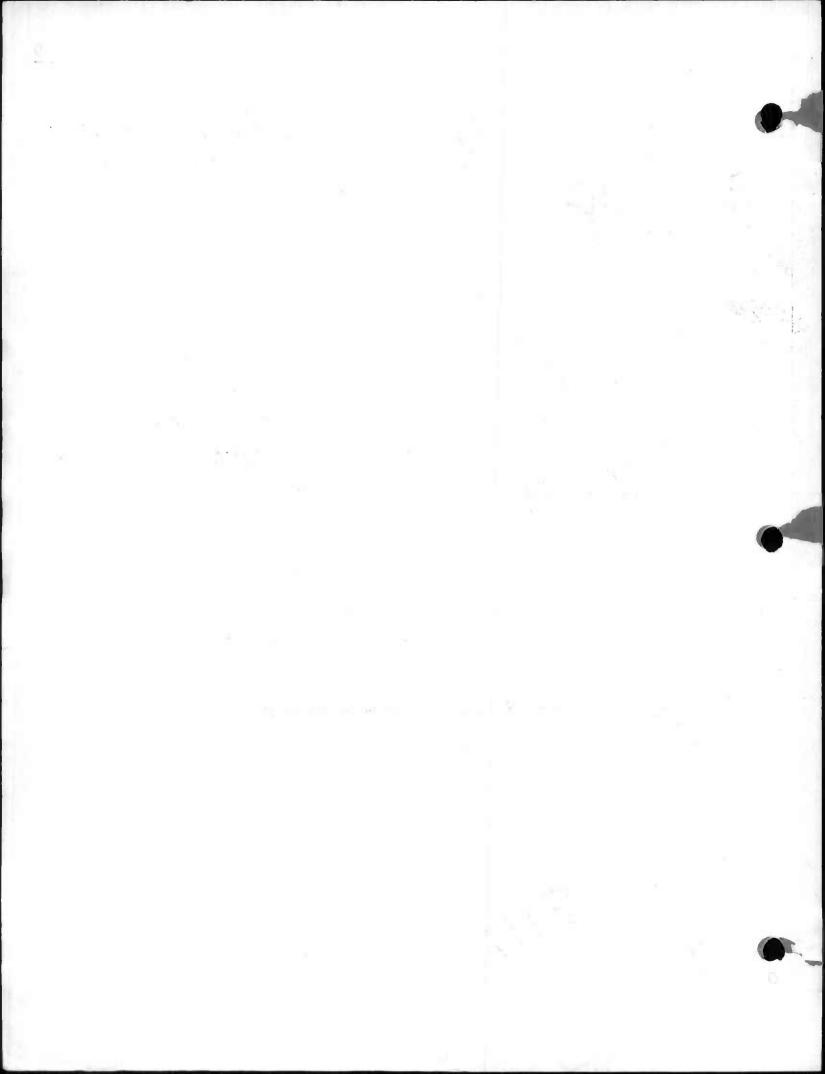
	1 - STATE REGISTRAR	STATE OF MARYL			OF HEALT					
	1. DECEDENT'S NAME (First, Middle, Last)		OLITIN	IOAIL	OI DE	1111	REG. NO.			3. TIME OF DEATH
	Rose Marie Bure	cham					MONTH D	"Q	Oil	1518 4
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	# UNDER 1	YEAR IF UND	DER 24 HRS.	7. DATE OF BIRTH	0	S. BIRTH	IPLACE (State or Foreign
	217-64-2386	1 M 2 F 40	YRS.	MONTHS	DAYS HOURS		Jan. 14, 1	05/	Country	γ)
	9e. FACILITY NAME (If not institution, give st			9b, CITY,	TOWN OR LOCA	TION OF DE			UNTY OF D	
Ä	Union Hospital			Elkt						
5	RESIDENCE OF DECEDENT			DIKU	,011				Ceci	1
DIRECTOR	10a. STATE 10b. COUNTY		//	Y, TOWN OR						10d. INSIDE CITY LIMITS?
	M.D. Ceci:	L	E1	kton	_					1 YES 2 X NO
FUNERAL	15 Fox Den Di	rivo			101. ZIP CC					VHAT COUNTRY?
NE					219				USA	
BY FU	11. MARITAL STATUS 1 ANever Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	10	NS DECENDENT yee, specify Cu YES 2 X N	ben, Mexicer	IC ORIGIN? (Specify Yee n, Puerto Ricen, etc.)	or No-	14. RACE Black Speci	- American Indian, c, White, etc.
60	15. DECEDENT'S EDUC	ATION	16e. DECEDENT'S	USUAL OCC	CUPATION		16b. KIND OF BUS	SINESS/IN		
Ē	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of a	work done du se retired.)	iring most of wo	rking				
AP.	12	2	Nurs	e			Medi	ca1		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MC	THER'S NAM	ME (First, Middle, Maiden	Sumame)		
BE (Howard C. Bui	cham			H	elen	L. Barr	ett		
TO B	19a. INFORMANT'S NAME (Type/Print)						loute Number, City or Town			
Ĕ	Howard C. Bur		15 Fo	x De	n Dr.	E1k	ton, Md.	2192	21	
	20e. METHOD OF DISPOSITION **Disposition Method Meth	oval from State	petery, cremetory or p	ther place)	ion(Neme of	ist 2	12 74 Ch	CATION -	- City or To	wn, State
	21. SIGNATURE OF FUNEROLL BERVICE LICE	ENSEE		22. N	AME AND ADD	RESS OF FAC	Gee F	unei	ra1	Home
	SAN / V	Tol .		25	9 E.M	ain	St. Elkt	on.	4. D.	21921
	23. PART i. Enter the diseases, or o	emplications that cause	d the death. Do r							Approximete
	immediate cause (Fine)	and only one cause on e	ach line.					ratory at	1651,	intarval Between Onset and Death
	resulting in death)	Non-Hode	CONSEQUENCE O	F): Jm	phon	100	1. 0.			15 years
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	to Cus co	CONSEQUENCE OF	dina	7 4 21	an face	is second	lary	7	2days-
일	CAUSE (Disease or Injury	TO LUSCO	CONSECUENCE	oper	ula -	her	copenia	1		2 days-
	that initiated eventa resulting in death) LAST	Poor ges	hara calaca	a to	010		-1 (010			2 days
S										
CAL	PART II. Other aignificant condition				erlying cause	given in i	Part I. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	Chronic Sc	hisophr	envar-				1 YES 2			COMPLETION OF CAUSE OF DEATH?
ME		0							- 1	1 TYES 2 NO
z	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF	DEAT	H YES	□ NC				
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	28. PLACE OF	DEATH (Che	ick only one)			
YSI	1 TYES 2 TINO	1 Definetient 2 ER/Outp	ontient 3 DOA			Residence	6 Other (Specify)			
H	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	26b. TIM	E OF 2	Rec. INJURY AT WORK?		26d. DESCRIBE HOW II	NJURY OC	CURED	
BY	2 Accident Investigation				1 YES 2	□ NO				
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Special Control of the Contro	— At home, ferm, :	street, factor	ry, office		261. LOCATION (Street a City or Town, State)	ind Numbe	r or Rural R	loute Number,
PLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my know	ledge, death occum	ed at the tim	ne, date and pla	ce, end due	to the cause(s) end man	iner ee str	nted.	
§		3: On the beele of examination) end manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	. Do.			29c. L	ICENSE NUM	BER	29d. DA	TE SIGNED	(Month, Day, Year)
BE	of oryentiled	.IC. tal	(m1)		8	72	307	19	3/9/	74
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	. Print)			- /		11	<i>i I</i>
	JAYANTILALK	PATELM	11) 123.	Sing	rerly	, Ave	e, ELKI	TON	mi	21921-
į	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		- 1						
	AUG 1 0 '94	Julia Davidse	n- Randall							1

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transif pe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR	CE		ICATE OF		MICH	REG. NO	-			
	1. DECEDENT'S NAME (First, Middle, Last)						ATE OF DEATH			3. TIME OF DEA	ATH
	Howard Herma	n	Bı	cadley			ugust 1	']	1954	5:10	Рм
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	7. D/	ATE OF BIRTH		8. BIRTH	PLACE (State or	Foreign
	219-16-3841 1 🖼 M 2 🗆	68	YRS.	MONTHS DAYS	HOURS MIN.		forith, Day, Year) 1/27/26	;	Country	vland	
	Sa. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN C	R LOCATION OF	_	., ., .,		NTY OF DE	3	
R	Memorial Hospital a	t Easton		East	:OD		31	т	albo	+	
5	RESIDENCE OF DECEDENT				-		4.1		GIDC	, ,	
IRE	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT						10d. INSIDE CIT LIMITS?	ry
0.4	Maryland Dorches 100. STREET AND NUMBER	ter				rlo	sk ,			DEXYES 2	
[茶]	305 North Main S			101	. ZIP CODE	404	.			HAT COUNTRY?	
FUNERAL DIRECTOR		EFF EVER IN U.S. ARM				1643				State	
F		1 YES 2 NO	D	If yea, sp	ecify Cuban, Max	ican, Pue	IGIN? (Specify Yea rto Rican, etc.)	or No-		- American Inc. White, etc.	
В	3 Widowed 4 Divorced WWI			1 TYES	2 XNO Spe	icify:			Specif	Whit	e
	15. DECEOENT'S EDUCATION (Specify only highest grade completed)	16a. DEC	EDENT'S	USUAL OCCUPATION	ON	T	16b. KIND OF BUS	INESS/IN	DUSTRY		
Ē	Elementary/Secondary (0-12) College (1-4 o	5+) life. I	Do NOT u	work done during mo se retired.)	st of working						- 1
AP.	Eighth	5	ale	sman			Wholes	ale	Flo	rist	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						rst, Middle, Maiden S	Surname)			
BE (William	S. Brad	ley		Sopl	hie	Unger				
2	19a. INFORMANT'S NAME (Type/Print)			ADORESS (Street a							
-	Peggy S. Bradley		P.O	.Box 20	14, Hui	rloc	sk, MD	216	43		
	20s. METHOD OF DISPOSITION 1 Serious 2 Cremation 3 Removal from State	cemetery, crem	atory or o	OF DISPOSITION (Na ther place)		1			City or Tox		1
	4 □ Denation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	<u> </u>	-Wa	shingto	n Cem	. 8-	-6 Hur	loc	k, M	aryla	nd
							ins-Esk	OW	Fune	ral H	ome
	Mukaif 7- Eskow						deralsb				
	23. PART I. Enter the diseases, or complications shock, or heart fellure. List only one	that ceused the dea	th. Do	not antar tha mo	da of dying, s	uch aa d	cardiac or reepir	atory er	rest,	Approxim	
	IMMEDIATE CAUSE (Final		05	mí	1		•			Onset ar	
	disease or condition resulting in death)	Statec TO (OR AS A CONSECU	48	gruage	al (Cyc	cum	ع		141	nu
	DUE	TO (OR AS A CONSEO	UENCE O	F):\		•					
CERTIFICATION	Sequentially liet conditions, b.	TO (OR AS A CONSEQU	IENCE O	E)·							
¥	If any, leading to immediate cause. Entar UNDERLYING	(• ••						İ	
Ĕ	CAUSE (Disease or Injury that Initiated events	TO (OR AS A CONSEQU	JENCE O	F):							
F	resulting in death) LAST										- 1
	PART II. Other algnificant conditions contributing	to death has see as			ale Tartha and						
PHYSICIAN: MEDICAL	TANY II. Ottal argumeant conditiona contributing	to daeth but not te	auting	in the underlying	cause givan	in Part i	. 24s. WAS AN / PERFORI		24b.	WERE AUTOPSY AVAILABLE PRIOR	R TO
Ď							1 TYES 2	□ NO		COMPLETION OF OF DEATH?	CAUSE
Σ									1	1 YES 2	NO
AN	25. WAS CASE REFERRED TO MEDICAL			26 01	ACE OF BEATH	Charle and					
Sic	EXAMINER? HOSPITAL	2 - ER/Outpetlant 3 (7000	OTHER:	ACE OF DEATH						
H		OF INJURY	28b, TIM	4 Nursing Hom		-	Other (Specify) OESCRIBE HOW IN	I II I I OC	CUREO		
	1 Natural 5 Pending (Mont	n, Day, Year)		URY WO	RK?	200.	OLSCRIBE HOW IN	JUNI OC	COREO		
ВУ	2 Accident Investigation 3 Suicide & Could not be 26s. PLAC	E OF INJURY — At hom	a, term,		10 70	28f. I	LOCATION (Street as	nd Numbe	r or Rumi R	oute Number	
	4 Homicide determined build	ng, atc. (Specify)					City or Town, State)				- 1
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat	of my knowledge deal	th one we	ad at the time, date							
MP	(Check only one) 2 MEOICAL EXAMINER: On the beele									and menner as	atatad
	29b. SIGNATURE AND TOWN OF PRITIFIER			7,7,1,1,1,1							
BE	MANU				DASS N	77	-	29d, DAT	E SIGNED	Monyn, Day, You)
2	30: NAME AND ADDRESS OF PERSON WHO COMPLETED O	AUSE OF OEATH (ITFM	27) (Tvalo	(Print)	Q 110	24			* 0/	1./	
	DAVO SILIPA	509	(4	herid	ave	\$	actu	M	0 2	1001	
	31. DATE FILEO (Month Day, Year) 32 AEGIS	HAR'S SIGNATURE	1 11			4	• •				

(MA)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020"

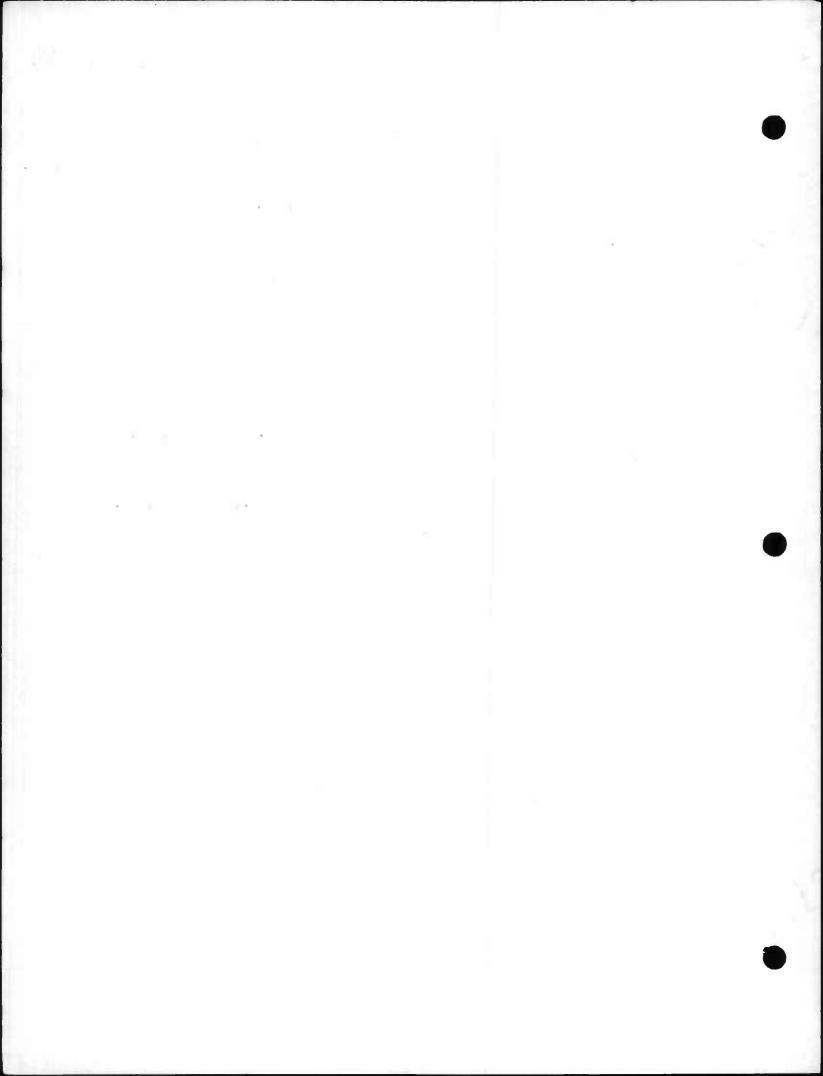
												94	24004
		1 - FOR STATE REGISTRAR	STATE OF MARYL					EALTH AND	MEN'	TAL HYGIEN	E		
		1. DECEDENT'S NAME (First, Middle, Leet)	MAR		P	BLI	AK	E		ATE OF DEATH DATH	7 19	YEAR 3	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 218-01-7442	5, SEX 6. AGE	n yrs. lesi	birthday)	IF UNDE	DAYS	IF UNDER 24 HRS HOURS MIN.	7. 04 DUĽ	TE OF BIRTH logth, Ppy, Year)	919	B. BIRTHPL	ACE (State or Foreign
9	5	9a. FACILITY NAME (If not institution, give str WATERVIEW HEALTH	,	?				BURY M				OM TO	
DIDECTOR	200	RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY	OTHE OFFICE		10c. CIT		OR LOCAT				MIC	COMICO	J. INSIDE CITY LIMITS?
6	_	MD. WICO	MICO		SAI	ISB	· T	ZIP CODE			Ma CITE		YES 2 NO
S O		TIMES SQUARE					"		801				COONTRY?
N EINCOAL	5	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2,E N	WED O	13.	If yes, sp		PANIC ORI	IGIN? (Specify Yes rte Rican, etc.)	or No—	14. RACE -	- American Indian, Write, etc.
DI ETEN	recien	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)		(Gir life.	CEDENT'S We kind of the Do NOT use OMES	work done	during mo	ON st of working		HOUSEW			SIDE HOME)
once.		17. FATHER'S NAME (First, Middle, Lest)						18. MOTHER'S	NAME (Fir	st, Middle, Meiden			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
po po	اار		RED ARMSTRON							EORGIA			
E C		194. INFORMANT'S NAME (Type/Print) BRENDA BRAXTON								lumber, City or Town			
9		20a. METHOD OF DISPOSITION	200		ND DATE					SALISBUI		D. 21	
must		1∰ Buriel 2 Cremation 3 ☐ Remo 4 ☐ Donation 5 ☐ Other (Specify)	ral from Stata COR		natory or o	ther place	and .	**	18	1/10 501	None	. m	4.
examiner must be notified at once.		21. SIGNATURE OF FUNERAL SERVICE LICE	B. Jole	u		22.	NAME A	IC ADDRESS OF	JOLL RD	EY MEMOR	RIAL	CHAPE	L
or other traumatic event, the medical	Mollon	23. PART I. Enter the diseases, or construction of the part failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQ	DUENCE OF	.ar(uch as c	ardiac or respi	ratory am	est,	Approximata interval Between Onset and Death
, or oth		that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEC	UENCE O	F):							
3 shows any Injury, N. MEDICAL CE		PART II. Other significant conditions	contributing to death b	ut not re	esulting	In the u	nderlyin	g cause given	in Part i	. 24s. WAS AN PERFOR 1 — YES 2	MED?	AN CH	ERE AUTOPSY FINDINGS MALABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
C4 4		25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF OEATH	Check only	y one)			
VSICI			HOSPITAL; 1 Inpatient 2 ER/Outp	etlent 3	□ DOA	OTHE 4 X Nu		e 5 🗆 Residend	• 6 D O	Other (Specify)			
marked, or		27. MANNER OF DEATH 1 Netural 5 Pending investigation	28a. DATE OF INJURY (Month, Day, Year)		26b. TIM INJ	E OF URY M	28c. INJ W0	RK?	28d. 1	DEȘCRIBE HOW II	URY OCC	URED	
00 II		2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spec	— At hor	ne, farm, :	street, fac	tory, offic		28f. L	OCATION (Street a City or Town, State)	and Number	or Rural Rou	te Number,
NT: If Item 2			IAN: To the best of my know										nd manner as stated.
IMPORTANT: IF		296. SIGNATURE AND TITLE OF CERTIFIER HOMAS C HILL 30. NAME AND ADDRESS OF PERSON WHO	To Medi	ral	Do	ract	De	29c, LICENSE N	800	8	29d. DATE	SIGNED (M	onth Day, Year)

CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE

Salisbury.

31. DATE FILED (Month, Day, Year)
AUG 0 9 1994



FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH	RE	G. NO.		
1. DECEDENT'S HAME (First, Middle Elva		BARTGIS	E,	20	2. DATE OF O MONTH AUGUST	DAY	994	3. TIME OF DEATH 9:50 A
4. SOCIAL SECURITY HUMBER 217-28-1487			F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI	1931		PLACE (State or Foreign
Frederick Mem	orial Hospital		Frede	rick	EATH	77.00	Frede	erick
	rederick		TOWN OR LOCAT amsvill					10d. IHSIDE CITY LIMITS?
00. STREET AND HUMBER 10042 Old Nati				ZIP CODE 21754		10g. CF		1 □ YES 2 ☑ HO WHAT COUNTRY? J.S.A.
1. MARITAL STATUS Never Married 2 Marrie Widowed 4 Divorced	12. WAS DECEDENT EVE	S 2 X HO	If yes, spe	ENDEHT OF HISPAI ocity Cuban, Maxica 2X HO Specif	in, Puerto Rican,		Blac	E - American Indian, k, White, etc.
15. DECEDENT (Specify only higher Elementary/Secondary (0-12)	'S EDUCATION at grade completed) College (1-4 or 5 +)		k done during mos retired.)	it of working		OF BUSINESS/IN		
7. FATHER'S HAME (First, Middle, L	ast)	Administ	rative	18. MOTHER'S NA		ate Far	III IIIS	surance
Samuel Roy				Berta	Mae		LLIN	ΙX
a. IHFORMANT'S HAME (Type/Prin	n)			nd Number or Rural				
ir. Kenneth A.	Bartgis	10042	Old Nat	ional P	ike, Ij	amsvill	e, M	21754
Da. METHOD OF DISPOSITION	Removal from State	tob. PLACE AHD DATE OF the metery, cremetory or other	r place)		DATE	20c. LOCATION -		
□ Donation 5 □ Other (Specific Signature of Funeral Series)	ין(ע	Mount Olive	et Ceme	tery 8/	9/94	Frederi	ck.	Maryland
Kathhma	Robern	- M00706	Keeney	& Basfo st Churc	ord P.A			
equentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury nat initiated events sesuiting in death) LAST	bDUE TO (OR AS	S A CONSEQUENCE OF): S A CONSEQUENCE OF):	OCAPE (A	IOMA O	NKJOPO	A TIPIT		2 754
ACUTE PEN.	nditions contributing to deeth AL FAILURE PLEURAL			cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	246	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
5. WAS CASE REFERRED TO MED	ICAL		26 PI	ACE OF DEATH (Ch	neck only one)			
EXAMINER?	HOSPITAL:		THER:	5 🗆 Residence		cif(v)		The first man
MAHNER OF DEATH Netural 5 Pendin Accident Investig		Y 28b. TIME C	OF 28c. INJU			E HOW INJURY O	CCURED	
3 Suicide 8 Could determ	building, etc. (S	RY — At home, farm, stre	et, factory, office	TA3	281. LOCATION City or You	(Street and Numbern, State)	er or Rural i	Route Number,
	PHYSICIAN: To the best of my kn XAMINER: On the best of examine							a) and manner as stated.
96. SIGNATURE AHD TITLE OF CE	Bearly.			29c. LICENSE NUI	MBER 1761	29d. DA	8/6	(Mosth, Day, Year)
BRIAN M.	O CONNOR A	DEATH (ITEM 27) (Type, Pr	w, JEV	16N74 57	T. FRE	ENERICA	- 11	A 21701
1. DATE FILED (Month, Day, Year) AUG 0.8	1994 Julia de	water Real I	: 122		7		3	19

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a foours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filed within 72 hours after death with the State Degt. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Jana Davelor Real !!

1	-	STATE REGISTR	AI
	. D	ECEDENT'S	N.

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest) Margaret		I.	Bell		2. DATE OF DEATH	1994 YEAR	3. TIME OF DEATH 11:00 a. M
4. SOCIAL SECURITY NUMBER 214-10-1809			IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct. 17,	1909 B. BIFF	THPLACE (State or Foreign
90. FACILITY NAME (II not institution, give s 469 Carrollton				ederick	EATH	9c. COUNTY OF	oeath erick
RESIDENCE OF DECEDENT 100. STATE Maryland Fr	ederick	10c. CITY,	TOWN OR LOCA	rion edericl	E		10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 469 Carrollto	n Drive			2170			1 TYES 2 □ NO WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	It yes, sp	ENDENT OF HISPAN	NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.)	or No — 14, RA Ble	CE — American Indian, ck, White, atc.
15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	life. Do NOT use	rk done during mo	ost of working	Retai		n Store
17. FATHER'S NAME (First, Middle, Last) Clyde S. Bel	.1				ME (First, Middle, Maiden L. Umb		
190. INFORMANT'S NAME (Type/Print) Mrs. Katherine	R. Beachl	ey 469	Carro	Ind Number or Rural	Route Number, City or Town	rick,	Md. 21701
20a, METHOD OF DISPOSITION	oval from Stata	Ob. PLACE AND DATE OF empetery, crematory or othe	DISPOSITION (N.	etery A	DA]E9 9/00- LOC Ug . 12 F	rederi	Town, State ,ck, Md.
Robert W.	Keeney #M	anc	Z2. NAME A	NO ADDRESS OF FA	asford P.	A. Fun	eral Home Md. 2170
23. PART i. Enter the diseases, or on shock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	S	relieva	ml_ Di		Approximate Interval Between Onset and Death
PART II. Other eignificent condition	e contributing to deeth	but not resulting In	the underlyin	g ceuse given in	Part I. 24a. WAS AN PERFOR	MED?	Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Ch			
27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJUR (Month, Day, Year	Y 28b. TIME	OF 28c. IN.	URY AT ORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW IN	NJURY OCCURED	
2 Accident Investigation 3 Suicide 8 Could not be determined	28s, PLACE OF INJUI building, etc. (Sp	RY — At home, ferm, str	set, factory, offic	a	281. LOCATION (Street a City or Town, State)	nd Number or Rura	I Route Number,
	CIAN: To the best of my kno						(a) and manner as stated.
29b. SIGNATURE AND WITLE OF CENTIFIEE	~ A.)	mark		29c. LICENSE NUI		-	0 (Month, Day, Year) -10 - 5 Y
30. NAME AND ADDRESS OF PERSON WHO	Manalo 18	7 Thomas	Johns	on Dr.,	Frederi		
31. DATE FILED (Month, Day, Year) AUG 1 2 1994	32. REMSTRAR'S SIG	MATURE RANGE					

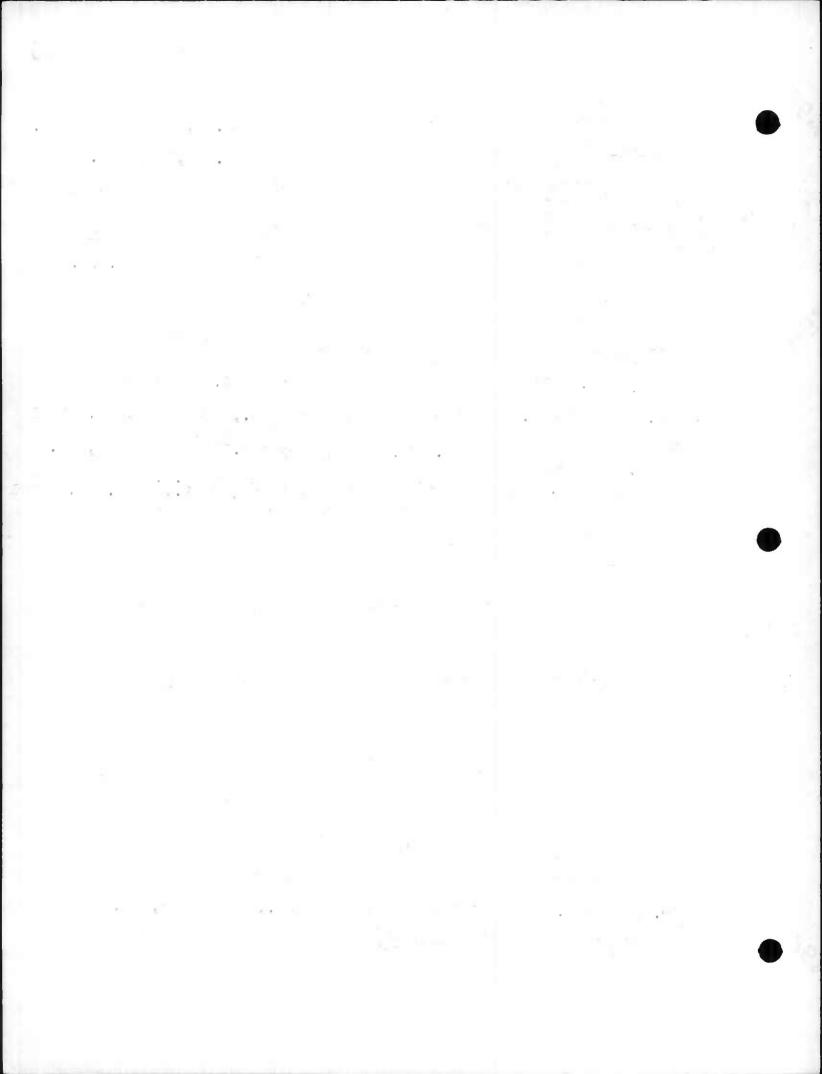
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



1	FOR STATE REGISTRAR
•	HEGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

REGISTRAR		CERTIFIC	CATE O	F DEALH		REG. NO			
. DECEDENT'S NAME (First, Middle, Last)					2. DATE (F DEATH		YEAR	3. TIME OF DEATN
	Ida Virg	inia BOYD			Augus		190		5:00 P.
SOCIAL SECURITY NUMBER 5	SEX 8. AGE	The second secon	F UNDER 1 YEAR		7. DATE O	F BIRTH Day, Year)			PLACE (State or Foreign
214-03-4638	□ M 2 💢 F	38 YRS.	ONTHS DAYS	HOURS MIN.	Sept.		1905	Country	Virginia
n. FACILITY NAME (If not institution, give street	and number)	9	b. CITY, TOWN	OR LOCATION OF D		101		TY OF DE	
Frederick Health C	are Center		Fred	derick			F	rede:	rick
0a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOC	ATION		-			10d. INSIDE CITY
Maryland Fre	derick	F	rederi	ck					LIMITS?
De. STREET AND NUMBER				101. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
30 North Place				21701			TT	S.A	
	. WAS DECEDENT EVER		13. WAS D	ECENDENT OF HISPA	NIC ORIGIN?	(Specify Yes		14. RACE	- American Indian.
☐ Never Merried 2 ☐ Merried X☐ Widowed 4 ☐ Divorced	FORCES? 1 YES	DATES NO		specify Cuben, Maxico ES 2 NO Specia		cen, etc.)		Black, Specify	White White
15. DECEDENT'S EDUCAT	ION	16e. DECEDENT'S US	BUAL OCCUPA	TION	16b.	CIND OF BUS	SINESS/IND	USTRY	
(Specify only highest grade cor Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor life. Do NOT use r	k done during i retired.)	most of working					
3		Homem	aker			Home	9		
FATNER'S NAME (First, Middle, Last)				16. MOTNER'S NA	ME (First, Mi	ddla, Maiden	Surname)		
Bus	shrod Moses	DILLOW		Sarah	n Elia	aho+h	STAI	TDC	
e. INFORMANT'S NAME (Type/Print)	110.00		DDRESS (Street	t and Number or Rural					=
Mrs. Marilyn L. Yos	st.			, Frederi				0000)	
De. METHOD OF DISPOSITION	- x	b. PLACE AND OATE OF			OATE	_	CATION — (No. on Tou	on Charles
Buriel 2 □ Cremetion 3 □ Remove Donation 5 □ Other (Specify)	from State C6	metery, cremetory or other	r place!		1				
SIGNATURE OF FUNERAL SERVICE LICEN	SEE	ount Olive		AND ADDRESS OF FA		rre	ederic	ck, r	<u>faryland</u>
A -				ey & Basi		.A. F	`unera	11 Ho	ome
Allan A	Ruby	MC0703	106	East Chur	ch St	., Fr	ederi	ck,	Md. 21701
Sequantially list conditions, f sny, lasding to immediate acuse. Enter UNDERLYING CaUSE (Disease or injury hat initiated events	OUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	اء اءب						2 4
esuiting in dasth) LAST									ļ
ART II. Other significant conditions of	ontributing to death	but not resulting in	the undariy	ing cause givan In	- 1	PERFOR	MED?		WERE AUTOPSY FINDING AWAILABLE PRIOR TO CDMPLETION OF CAUSE DF DEATH?
								i i	D. DEPRIN
									1 YES 2 NO
EN ADMINISTRA	OSPITAL			PLACE OF DEATH (C)					
EXAMINER?	OSPITAL:		THER:	PLACE OF DEATN (C/	eck only one				
EXAMINER? 1 YES 2 NO MANNER OF DEATH	☐ Inpetient 2 ☐ ER/Ou 26e. OATE OF INJURY	Ipatient 3 DOA 4	THER: Nursing He	ome 5 Residence	neck only one		NJURY OCC		
EXAMINER? 1 YES 2 HO MANNER OF DEATH 1 Netural 5 Pending	☐ Inpetient 2 ☐ ER/Ou	tpatient 3 DOA 4	OTHER: Nursing Ho	ome 5 - Residence	neck only one	(Specify)	NJURY OCC		
EXAMINER? 1 YES 2 NO 1 MANNER OF DEATH 1 Netural 5 Pending	Inpetient 2 ER/Ou 26e. OATE OF INJURY (Month, Day, Year)	28b. T/ME C INJUR Y — At home, ferm, stre	Nursing Hope OF 28c. II W 1	ome 5 Residence NJURY AT WORK? YES 2 NO	eck only one 6 Other 28d. DESC	(Specify)	and Number	URED	1 YES 2 NO
EXAMINER? 1 YES 2 HO MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined De. CERTIFIER (Check only) Check only	Dispetient 2 ER/Ou 26e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Sp. N: To the best of my kno	patient 3 DOA 4 29b. TriME 0 INJUR Y — At home, ferm, stre scriy)	Nursing Ho PF 28c. II M 1 et, fectory, of	ome 5 Residence NJURY AT YORK? YES 2 NO	6 Other 28d. DESC 28f. LOCA City of	(Specify) RIBE NOW I TION (Street a Town, Stete)	and Number	URED or Rural Ru	1 YES 2 NO
EXAMINER? 1 YES 2 HO 7. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicida 6 Could not be determined 90. CERTIFIER (Check only one) 2 MEGICAL EXAMINER:	Dispetient 2 ER/Ou 26e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Sp. N: To the best of my kno	patient 3 DOA 4 29b. TriME 0 INJUR Y — At home, ferm, stre scriy)	Nursing Ho PF 28c. II M 1 et, fectory, of	ome 5 Residence NJURY AT YORK? YES 2 NO rice Its end place, end due, death occured at the	eck only one 6 Other 28d. DESC 28f. LOCA City of	(Specify) RIBE NOW I TION (Street a Town, Stete)	and Number	or Aural Ad	1 YES 2 NO
1 YES 2 NO 1 7. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicida 6 Could not be determined 9e. CERTIFIER Check only 1 CERTIFYING PHYSICIA	Dispetient 2 ER/Ou 26e. OATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJUR building, etc. (Sp. N: To the best of my kno On the best of examinati	patient 3 DOA 4 29b. TriME 0 INJUR Y — At home, ferm, stre scriy)	Nursing Ho PF 28c. II M 1 et, fectory, of	ome 5 Residence NJURY AT VORK? YES 2 NO Hite rite end place, end due, desth occured at the	eck only one 6 Other 28d. DESC 28f. LOCA City of	(Specify) RIBE NOW I TION (Street a Town, Stete)	and Number	or Aural Ad	1 YES 2 NO Pute Number, end mariner as stated. Month, Day, Year)
EXAMINER? 1 YES 2 HO 7. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 90. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: COULD BE SIGNATURE AND TITLE OF CERTIFIER	Dispetient 2 ER/Ou 26e. OATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Sp. N: To the best of my kno On the basic of examinati	patient 3 DOA 4 29b. T/ME C INJUR Y — At home, ferm, stre sc/ly) wiedge, death occurred on end/or investigation,	Nursing Hory Nursing Hory 28c. If M 1 et, fectory, of at the time, da In my opinion	ome 5 Residence NJURY AT YORK? YES 2 NO Hice inte end place, end due, desth occured at the	eck only one 6 Other 28d. DESC 28f. LOCA City of	(Specify) RIBE NOW I TION (Street a Town, Stete)	and Number	or Aural Ad	1 YES 2 NO
EXAMINER? 1 YES 2 HO 7. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicida 6 Could not be determined 90. CERTIFIER (Check only one) 2 MEGICAL EXAMINER:	Dispetient 2 ER/Ou 26e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY building, etc. (Sp. N: To the best of my kno on the beste of examinati	y—At home, ferm, strendly) Y—At home, ferm, strendly) Wedge, death occurred on end/or investigation,	Nursing Hory Nursing Hory 28c. If M 1 et, fectory, of at the time, da In my opinion	ome 5 Residence NJURY AT YORK? YES 2 NO Hice inte end place, end due, desth occured at the	eck only one 6 Other 28d. DESC 28f. LOCA City of	(Specify) RIBE NOW I TION (Street a Town, Stete)	and Number	or Aural Ad	1 YES 2 NO Number, end mariner as stated. Month, Day, Year)

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buildal-trignest be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TE . 250

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Thomas Mooney Beckham 1994 8:05P M 14, Aug. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign May 19,1921 Virginia 578-16-4199 1 XM 2 F 73 HOURS YRS. May 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Frederick DIRECTOR Northampton Manor Nursing Home Frederick RESIDENCE OF DECEDENT 10a. STATE 10h COUNT 10c CITY TOWN OR LOCATION 10d. INSIDE CITY Frederick I jamsville Maryland 1 TYES 2 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21754 American 2728 Loch Haven Drive burial-transit attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puarto Rican, atc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. **BALTIMORE, MARYLAND 21215-0020** 1 Never Married 2 Married specify: White BY 3 Widowed 4 Divorced use as the 10/51 - 197316a. DECEDENT'S USUAL OCCUPATION

The blad of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY detached for Elementary/Secondary (0-12) Private Industry College (1-4 or 5+) Public Accountant once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) the 90 T retained by James Floyd Beckham Helen L. Melton BE notified funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21702 2 Brock Beckham 4854 W. Old National Pike, Frederick, pe pe 20a. METHOD OF DISPOSITION

**Tigurial 2 | Cremation 3 | 1
4 | Donetion 6 | Other (Specify) Раде 6 тау 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Mem. Gardens 8/18 Frederick, Maryland Resthaven examiner 21. SIGNATURE OF FUNERAL SI WICE LICENSEE 22. NAME AND ADDRESS OF FACILITY death. Dlin L. Molesworth, P.A., Funeral Home 23. PART I. Small the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or realizatory arrest, | Approximate in by the f after medical shock or heart fallure. List only one cause on each lir Interval Between IMMEDIATE CAUSE (Fine) Onset and Deeth the disease or condition cremation, an and completely to burial, crematic resulting in death) event, DUE TO FOR AS A CONSEQUENCE OF the death certificate be executed traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediata the attending physician Mental Hyglene prior to prior cause. Enter UNDERLYING CAUSE (Disease or Injury other that initiated events resulting in death) LAST 9 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS signed by the AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? any 1 TYES 2- NO Shows 1 YES 2 NO t. of F PHYSICIAN: has b Dept. The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate to the State HOSPITAL: OTHER:
4 Mursing Home 5 Residence 6 Other (Specify) 1 YES 2 WHO DR ATTENDING PHYSICIAN: 1 Inpetient 2 ER/Outpetient 3 DOA 10 27. MANNER OF DEATH 28s. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED this c marked, 1 Natural 5 Pending 1 YES 2 NO BY After 2 Accident Investigation 3 Sulcide 26s. PLACE OF INJURY — At home, ferm, street, factory, offica building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 6 Could not be DIRECTOR: COMPLETED 4 Homicide 28 Item 29a. CERTIFIER best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 hd (Check only one) investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29q LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year 8 ▶ August 15, 1994 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, 21701

M.D.

32. REGISTRAR'S SIGNATUR Julia Studier

Hughes,

Robert S.

31. DATE FILED (Month, Day, Year)

700 Montclaire Ave., Frederick, Maryland

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BALTIMORE, MARYLAND 21215-0020	N.	분	
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IISION OF VITAL RECORDS, P.O. BOX 68760,	ATTENDING PHYSICIAN: The law requires that the death certificate be executed with yours after death. Page 6 may be retained by the hospital or attending physician	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burners.	safter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
S	TEN	OR:	fter
=	-	5	Ø

		1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	STATE OF	MARYLA ———	ND / DEPAI CERTIF	RTMENT OF				REG. NO.	E			
			JACK		LIAM	BROWN	SR.		MONT	of Death DA -5-94	W .	YEAR	:20	A N
_		4. SOCIAL SECURITY NUMBER 423-12-9246	5. SEX		yrs. last birthday)		AR IF UNDER	MIN.	(Mon	t. 26	192	Country)	ACE (State or F	
3 should	R	9a. FACILITY NAME (If not institution, give s VA Medical	,	٠			WN OR LOCAT		EATH	V = 20 s	9c. COUNT	Y OF DEAT	гн	la
1. 2.	ECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT			10c. CI	TY, TOWN OR L	rry I	01n	U			Ceci	d. INSIDE CIT	-
7	DIRE	Maryland	Harfo:	rd				al A	ir			100	LIMITS?	
Z	FUNERAL	100. STREET AND NUMBER 1808 Ruffs	Mill	Road			101. ZIP COD		015			J.S.	T COUNTRY?	
5-0020 nding physical is the burling	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDE FORCES? IF YES, GIVE	NT EVER IN I	ES	If ye	DECENDENT (s, specify Cubi YES 2 X NO	OF HISPAI	NIC ORIGI	N? (Specify Yea Rican, etc.)		4. RACE — Black, V Specify:	American Ind	
r afte use a	ETED I	15, DECEDENT'S EDU (Specify only highest grade	completed)	1	6a. DECEDENT'S	S USUAL OCCU work done durings retired.)	PATION og most of worki	ing	16	b. KIND OF BUS	INESS/INDU		White	<u>}</u>
ND ND A hospital ached fo	COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5	+)		allur	gist				Stee	el		
YLA by the be det	w	17. FATHER'S NAME (First, Middle, Lost) Robert Can	trell	Bro	own			HER'S NA		Middle, Malden		G1	ark	
S S S	TO B	19a. INFORMANT'S NAME (Type/Print) India A. Bro	turno.				reet and Numbe	r or Rural	-	nber, City or Town			Cya as	
S age		200 METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem			PLACE AND DATE ery, crematory or	OF DISPOSITIO		#10	DA		CATION — CI	ty or Town	State	
Pag =		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		Be]	Air	Mem .	Garde	SS OF FA	CILITY	9 Be		. M	aryla	nd
e dea		► 11. Hlad	den 1	Turk	111	J	arret	tsv	ill	l Home	rvlar	nd		
ours or red		23. PART I. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final	complications the List only one ca	at caused to	the death, Do th line,	not enter the	mode of dy	ing, auc	h aa car	diac or reapi	ratory erre	st,	Approxin interval E Onset an	Between
with pletely crematic		disease or condition resulting in death)	a.Cancer DUE TO	OF CO	lon wit	h Meta	stasis	-					3 mor	nths
be execucian and or to bur	ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	Non Hod	gkins (or as a c	Lympho	oma orj:							7 yea	ırs
h certificat anding phys Hygiene p	CERTIFICATION	CAUSE (Disease or injury thet initieted eventa resulting in deeth) LAST	c. DUE TO	O (OR AS A C	CONSEQUENCE (DF):								
That the death the bed by the attent th and Mental Hand Injury, or any Injury, or	뒿	PART II. Other significant condition	s contributing to	desth but	not resulting	In the under	lying ceuse	given in	Part I.	24a. WAS AN PERFOR		AV	RE AUTOPSY I	OT F
quires the signed the Health	MEDI	-								1 🗌 YES 2	NO NO	Of	MPLETION OF DEATH?	20050
1 0 0 0 0 N	SICIAN:	25. WAS CASE REFERRED TO MEDICAL				2	6. PLACE OF D	DEATH (Ch	eck only o	ne)				
SICIAN: The certificate he the State I	IYSIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:			-	Home 5 🗆 R	esidenca	_					
OING PHYSIC After this co death with I	ву рну	1 Natural 5 Pending 2 Accident Investigation	28s. DATE Of (Month, i	Day, Year)	286. TH	JURY	WORK?	NO	28d. DE	SCRIBE HOW II	IJURY OCCU	RED		
TTEND TTOR: A after d	8	3 Suicide 8 Could not be 4 Homicide datarmined	28s. PLACE (building	OF INJURY — i, atc. (Specify	- At home, farm,	atreet, factory,	offica		28f. LOC C/ty	CATION (Street a or Town, State)	nd Number o	Rural Rout	e Number,	
TO THE HOSPITAL OR A TO THE FUNERAL DIREC be filed within 72 hours IMPORTANT: If Item	OMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI (Check only one)											nd manner as	stated,
THE HOS THE FUN filed with	BE C	296. SIGNATURE AND TITLE OF CERTIFIE	In N	Tora	NV	MIT	29c. LIC	ENSE NUI	HBER				onth, Day, Year))
6 6 9 M	70	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	SE OF DEAT	H (ITEM £7) (Typ	e, Print)	MD	1660	8		8-5	5-94		
		KAM KEN LEUNG, M. 31. DATE FILED (Alog) Day, Mar)	D., VA M	edica.	l Cente	r, Per	ry Poi	nt,	MD	21902				
		31. DATE FILE AUG 26 1994	Jelia	divile	TURED W. Rardall	,								

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1	-	STATE REGISTR	A
	Б	ECEDENT'S	M

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 DECEDENT'S NAME OF A 1824 TOTAL				TE OF			REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O	F DEATH	.v	YEAR	3. TIME OF DEATH
T	HOMAS JOSEF	H BOYER					3 19		TEAN	11:32 A
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last bi	irthday) IF UI	NDER 1 YEAR	IF UNDER 24 HRS.	7, DATE OF				IPLACE (State or Foreig
228-62-4385	1 🔀 M 2 🗆 F	47	YRS. MONT	HS DAYS	HOURS MIN.	June		947	Count	ryland
9a. FACILITY NAME (If not institution, give	street and number)		96. 0	CITY, TOWN O	R LOCATION OF D		-		NTY OF E	
National Naval N	Medical Cen	ter		Bet	hesda			M	ontg	omery
10e. STATE 10b. COUNT	ry		10c. CITY, TOY	WN OR LOCAT	ION					10d, INSIDE CITY
	airfax		Fai	irfax						LIMITS?
3062 Railroad Vi	ine Court				ZIP CODE 2031-101	18		1110		States
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 X IF YES, GIVE WAR 1973-1	YES 2 NO	D	If yes, spe	ENDENT OF HISPA city Cuban, Mexico 2 NO Special	an, Puerto Ric	(Specify Yes	or No-	14. RACI Black Spec	E - American Indian, k, White, etc. //y: White
15. DECEDENT'S EDU	UCATION	16a, DECE	DENT'S USUA	L OCCUPATIO	N	16b. K	IND OF BU	SINESS/IND	DUSTRY	
(Specify only highest gradi Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give	kind of work do NOT use retin	one during mo: ed.)	st of working					
	5+	Nav	al Off	ficer			U.S.	Navy		
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, Mic	Idle, Melden	Surname)		
Joseph Gray Boye	er				Louis	se Han	nah			
19a. INFORMANT'S NAME (Type/Print)		19b. A	WAILING ADDE	RESS (Street =	nd Number or Rural			n. Stota. 74	Code)	
Evelyn Crane Boye	r									inia 2203
20a. METHOD OF DISPOSITION		20b. PLACE AND				DATE.	_	CATION -		
1 🖾 Burial 2 🗆 Cremation 3 🗆 Ren 4 🗆 Donation 6 🗆 Other (Specify)	moval from State	cemetery, crema-	tory or other pla			. 1				
4 U Donation 6 U Other (Specify)	ICENSEE	Forest	Lawn	22 MANE 11	n annesse of a	6/94	Nor	IOTK	, Vi	rginia
* Rosento =	toxa 1	M001	198	Robert	A. Pum ethesda-	phrey	Fune	ral He, Ir	dome,	/ 20814-35(
Sequentially list conditions, if any, leading to immediate	a END S	TAGE PI	ASMA	CELL I	EUKEMIA	AND N	AULTII	PLE_M	IYELO	DMA
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSEQUE	ENCE OF):							
cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR	AS A CONSEQUE	ENCE OF):							
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	d		-	a undarlying	j cause given in		44. WAS AN PERFOR	RMED?	246	ANALABLE PRIOR TO COMPLETION OF CAU-
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition	d		-				PERFOR	RMED?	246	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition	d contributing to dec	ath but not rea	ulting in the	26, PL HER:	ACE OF DEATH (C)	heck only one)	PERFOR	RMED?	246	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	eth but not read	uiting in the	26. PL HER: Nursing Hom 28c. INJ	ACE OF DEATH (C)	heck only one)	PERFOR	NMED?		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
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Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER Check only one) 2 MEDICAL EXAMIN	HOSPITAL: 1 1 Inpetient 2 EP 28a. DATE OF IN (Month, Day, 1) 26a. PLACE OF IN building, stc.	VOutpetlent 3 URY 2 URY At home (Specify)	DOA OTE DOA 4 DO INJURY	26. PL HER: Nursing Hom 28c. INJ WO 1 1 1	ACE OF DEATH (C) 5	heck only one) 6 Other (28d. DESC 26f. LOCAT City or	PERFOR I YES 2 Specify) RIBE HOW I FOR (Street Rown, State)	NJURY OC	CURED r or Rural I	ANALABLE PRIOR TO COMPLETION OF CAU- OF DEATH? 1 YES 2 NO Route Number,
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Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 1 Inpetient 2 Ea. PLACE OF INDUINGING, stc. SICIAN: To the best of my IER: On the basis of axam	VOutpetient 3 URY 2 URY At home (Specify) knowledge, death	DOA OTI DOA 4 COMMENT DOA 4 CO	26. PL HER: Nursing Hom 26c. INJ WO 1	ACE OF DEATH (C) S GRESIDENCE RKY (ES 2 NO and place, and due and place, and due 29c. LICENSE NU 010105	heck only one) 6 Other (28d. DESC 26f. LOCAT City or e to the ceuse e time, date a	PERFOR	NJURY OC	cured or Rural I	ANALABLE PRIOR TO COMPLETION OF CAU- OF DEATH? 1 YES 2 NO Route Number, e) end manner se state 0 (Month, Day, Year) 4694
Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	HOSPITAL: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	VOutpetient 3 URY 2 URY At home (Specify) knowledge, death instinn end/or inve	DOA OTI DOA 4 COMMENT DOA 4 CO	26. PL HER: Nursing Hom 26c. INJ WO 1	ACE OF DEATH (C) S GREENGENCE JES 2 NO and place, and due and place, and due 29c, LICENSE NU 010105	heck only one) 6 Other (28d. DESC 26f. LOCAT City or e to the ceuse e time, date a	PERFOR	NJURY OC and Number and et at the did due to the state of the state	cured or Rural I ned. he couse(i E SIGNEC	ANALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO Rioute Number, e) end manner as state 0 (Month, Day, Year)

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Yours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGICAL

	1 - STATE REGISTRAR	OITHE OF HIP	CER	TIF	ICATE O	F DEAT	H	REG.			
		BAUR						Aug 06	BAY 94	YEAR	3. TIME OF DEATH 10:49 A. M
	578-36-3160	1 M 2 D F	AGE (In yrs. lest bir	thday) YRS.	MONTHS DAY		24 HRS. MIN.	7. DATE OF BIRTH	71927		ington, D.C
OR	99. FACILITY NAME (If not institution, give street 88th SEA TERRACE	et and number)			Ocean		N OF D	EATH	%c. co WOR	UNTY OF DE	R R
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Montgo	omery			v, town or Loc coma Pa						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ERAL	100. STREET AND NUMBER 605 Hudson Ave.					2091			10g. CI	U.S.	HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1X IF YES, GIVE WAF	YES 2 NO)	If yes,			NIC ORIGIN? (Specify in, Puerto Ricen, etc. y:		Black	- American Indian, Whita, atc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	TION Impleted) College (1-4 or 5+)	(G/ve li	NOT us	USUAL OCCUP! work done during the retired.)	TION most of working	9	166. KIND OF	BUSINESS/IN		ng
	17. FATHER'S NAME (First, Middle, Last) George Baur					16. MOTH Eli	zab	ME (First, Middle, Me eth Hipk:	iden Surname) LNS		
TO BE	196. INFORMANT'S NAME (Type/Print) James E. Baur		19b. M 198	AILINO	ADDRESS (Street	er Ave	or Rural	Route Number, City or	Town, State, 2 Le, MD	208	37
	29a METHOD OF DISPOSITION 1 & Burlet 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State	20b. PLACE AND cemetery, cremate Gate of	DATE O	of disposition	Mame of emeter	v 8	DATE 200 /11/94 S	LOCATION -	- City or Ton	wn, State
	71. SIGNATURE OF FUNERAL SERVICE LICES	By			22. NAME	AND ADDRES	S OF FA	CILITY Takoma	a Fune	ral H	lome, Inc. O.C. 20012
CERTIFICATION	diseese or condition resulting in death) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (O	SCLETOTI R AS A CONSEQUE R AS A CONSEQUE	NCE OF	F):	scular	Di	sease			
DICAL	PART W. Other algorificant conditions Diabetes Mellitu Metastatic Carc	us	eath but not read	iiting i	in tha underly	Ing ceusa g	Ívan in	PER	S AN AUTOPS) IFORMED? S 2 NO	24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t M YES 2 MO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DE					
BY PHYS	t 🖄 YES 2 🗌 NO 1 27. MANNER OF DEATH 1 🕍 Natural 5 📗 Pending 2 🗍 Accident Investigation	28e, DATE OF IN (Month, Day,	JURY 2	Bb. TIM	E OF 28c.	NJURY AT WORK?		6 Other (Specify) 28d. DESCRIBE HO	OW INJURY O	CCURED	
	3 Suicide 8 Could not ba 4 Homicide determined	28e. PLACE OF I building, at	NJURY — At home, c. (Specify)	form, c	street, factory, or	fice		281. LOCATION (Sti City or Town, S	reet and Numb tate)	er or Rural A	oute Number,
COMPLETED	1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:										and menner as stated.
TO BE C	296 SIGNATURE AND TITLE OF CERTIFIER	der	D			29c. LICE O. C.					(Month, Day, Year)
	JAAKEN LOCKE	mD	111 P€			, Balt	imo	re, Mary	land	21201	
	AUG 1 0 1994	ME. REGISTRAR	s signature	2							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,



burial-transit hospital or attending physician. as the use Por detached ours after death. Page 6 may be retained by the funeral director, page 5 should be the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21215-0020

HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within PLUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and complete within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crem: DIVISION OF VITAL RECORDS, P.O. BOX 68760,

94 24892 Amended # 12, #19b, MRT, 8/9/94, Montgomery County STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN 10:35 Roy Douglas Bye 1991 Διισιιο 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1936 RTHPLACE (State or Foreign DAVE 1 🔯 M 2 🗌 F YRS. 035-24-1866 58 January 14 Rhode Island 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR 1304 Leister Drive Colesville Montgomery RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Colesville 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Leister 1304 20904 Drive U.S.A. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married
3 Widowed 4 Divorced BY 1 YES 2 NO Specify: Specify: White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only high Elementary/Secondary (0-12) ge (1-4 or 5+) Funeral Director/Mortician Funeral Service 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) 100 I. Gustav A Bve Harriette Fisher notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Leister Avenue, Colesville, Maryland 20904 McGreevy Michael 99 20a. METHOD OF DISPOSITION

TO Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must l The Burlet 2 Cremation 3 Lack Burlet 2 Cremation 3 Lack Burlet 2 Cremation 3 Lack Burlet Burl cemetery, cremetory or other place)
Gate of Heaven Cemetery 8/10/94 Silver Spring, Maryland 21. SIGHATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 20901 Cerry the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, Approximata shock, or heart fallure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final **Onset and Death** Cardiorespiratory Arresst disease or condition ______ event. DUE TO (OR AS A CONSEQUENCE OF): 3 mos Metastactic traumatic CERTIFICATION Sequantislly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF) injury, or other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 - YES 2 2 100 1 ☐ YES 2 ☐ NO PHYSICIAN: S 25. WAS CASE REFERRED TO MEDICAL this certificate ha with the State D irked, or item 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 5 Residence 8 Other (Specify) 27. MANNER OF DEATN 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED marked, Matural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide -00 COMPLETED 6 Could not be 4 Homicide 28 Item CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 ho IMPORTANT: If Its 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER

D33109

Johnson M.D. 12520 Prosperity Dr. #150 Silver Spring Md 20904

32. REGISTRAR'S SIGNATURE - Fundalle



BE

2

296. SIGNATURE AND TILE OF CERTIFIEF

AUG U

31, DATE FILEO (Month, Day, Year)

30. NAME AND SOORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1994

9

29d, DATE SIGNED (Month, Day, Year)

8/5/94



DIVISION OF VITAL RECORDS, P.O. BOX 68760. BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mounts with death. Page 6 may be instrumed by the incument by the incum	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defined by use as the bodie to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.
DIVISION OF VITAL RECORDS	D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	THE FUNERAL DIRECTOR: After this certificate has been signed by the filed within 72 hours after death with the State Dept. of Health and M	MPORTANT: If item 28 is marked, or item 23 shows any init

1. DECEDENT'S NAME (Fire		Laura		R		Bigma	an		2. DATE OF	DA	-28-		3. TIME OF DEATH
4. SOCIAL SECURITY NUM	MBER	5. SEX	6. AGE (In yrs.	hat hirthday	Parameter State of St	RIYEAR	IF UNDER	94 MD6	T DATE OF		≥8		IPLACE (State or Foreign
200234		1 M 2X F	49	,	MONTHS	DAYB	HOURS	MINI.	7. DATE Of (Month, I	Day, Year)	,	Countr	ny)
217 44 72 9s. FACILITY NAME (# not	Institution also		4,2	1110.	Oh CITY	Y, TOWN O	D I OCATIO	W 05 D5		7-194		NEW NTY OF D	York
7900 Geo	rgia A	Tr .	cono L	odge		Silv							omery C
RESIDENCE OF DE	10b. COUNT	Y		10c CI	LA TOWN	OR LOCAT	ION						10d. INSIDE CITY
Maryland	Mont	gomery	Co			r Sp		0					LIMITS?
10e. STREET AND NUMBE				01	1100		ZIP CODE	-	_		10a CIT	IZEN OF Y	1 TYES 2 X NO
7900 Geor			3			101.							States
ti. MARITAL STATUS	rgia A	12. WAS DECEDEN	IT EVER IN U.S.	ADMED	1 12	WAS DEC	2091		IIC ORIGIN?	Manada, Min			_
1 Never Married 2 3 Widowed 4 X Dir			YES 2			If yes, spe	elfy Cuber 2 X NO	, Mexica	n, Puerto Ric	en, stc.)	or No-		E — American Indian, k, White, stc.
	ECEDENT'S EDU		16a.	DECEDENT'S	USUAL O	OCCUPATIO	N		16b. K	IND OF BUS	INESS/INC	DUSTRY	
Elementary/Secondary	(10-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done ise retired.)	dunng mos	si of working	g					
		7	A	fricar	n Stu	udies	5		WI	riter			
17. FATHER'S NAME (First,	Middle, Last)						18. MOTH	ER'S NA	ME (First, Mic	idle, Maiden			
Stanley		K.		Bigmar	1		Ger	truc	de		1	obia	as
19a. INFORMANT'S NAME	(Type/Print)	0.50		19b. MAILING									
Stanley K	. Bigma	an (fath	er)	4515	Wil]	lard	Ave	#221	14-S,	Chevy	Cha	ise,	MD 2081
20a. METHOD OF DISPOSI			20h Pl 44	CEANDDATE	OFDIERO					T 00- 100	ATION _	City or To	wa State
							me or		DATE	20C. L.U.	W11011 -	Oity or 10	PWIII, GTETE
1 Buriel 2 Cremet 4 Donation 6 Oth	tion 3 🗆 Rem er (Specify)		cemetery.	burbar	other place) Cre	emato	ry		8-8				ng, MD
1 Buriel 2 X Cremat 4 Donation 6 Oth 21. SIGNATURE OF FUNER	tion 3 Rem er (Specify) RAL SERVICE LI	CENSEE	cemetery. Su	burbar M0082	other place) Cre 22. F	emato NAME AN Rapp	ory Fune Sist	ral Ave,	8-8 Servi	Silvices,	P.A.	Spri	ng, MD 20910
1 Buriel 2 X Cremat 4 Donation 6 Oth 21. SIGNATURE OF FUNER 23. PART 1. Enter the	RAL SERVICE LI	CENSEE Compileations that List only one cet	t caused the	MOO82 death. Do	Cre 22. F	emato NAME AN Rapp 933 G	OFY DESCRIPTION FUNCTION GIST de of dyle	ral Ave,	8-8 COLITY Servi Silv	Silvices,	P.A.	Spri	ng, MD
1 Buriel 2 Commat 4 Donation 6 Dith 21. SIGNATURE OF FUNER 23. PART 1. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond	AL SERVICE LI diseases, or heat fellure.	complications that List only one cet	Su	MOO82 death. Do line.	7 Cre	emato NAME AN Rapp 933 G	OFY DESCRIPTION FUNCTION GIST de of dyle	ral Ave,	8-8 COLITY Servi Silv	Silvices,	P.A.	Spri	20910 Approximate Interval Batv
1 Buriel 2 Commet 4 Donatton 6 Oth 21. SIGNATURE OF FUNER 23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentisity list cond if any, leading to imm cause. Enter UNDERL	disesses, or haert fellure.	complications that List only one cet	t caused the use on each I	MOO82 death. Do line.	7 Cre	emato NAME AN Rapp 933 G	OFY DESCRIPTION FUNCTION GIST de of dyle	ral Ave,	8-8 COLITY Servi Silv	Silvices,	P.A.	Spri	20910 Approximate Interval Batv
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

1994

31. DATE FILED (Month, Day, Year)

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8218W12ConsIN

32. REGISTRAR'S SIGNATURE Fulia Davidson-Randale

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TOWNS THE

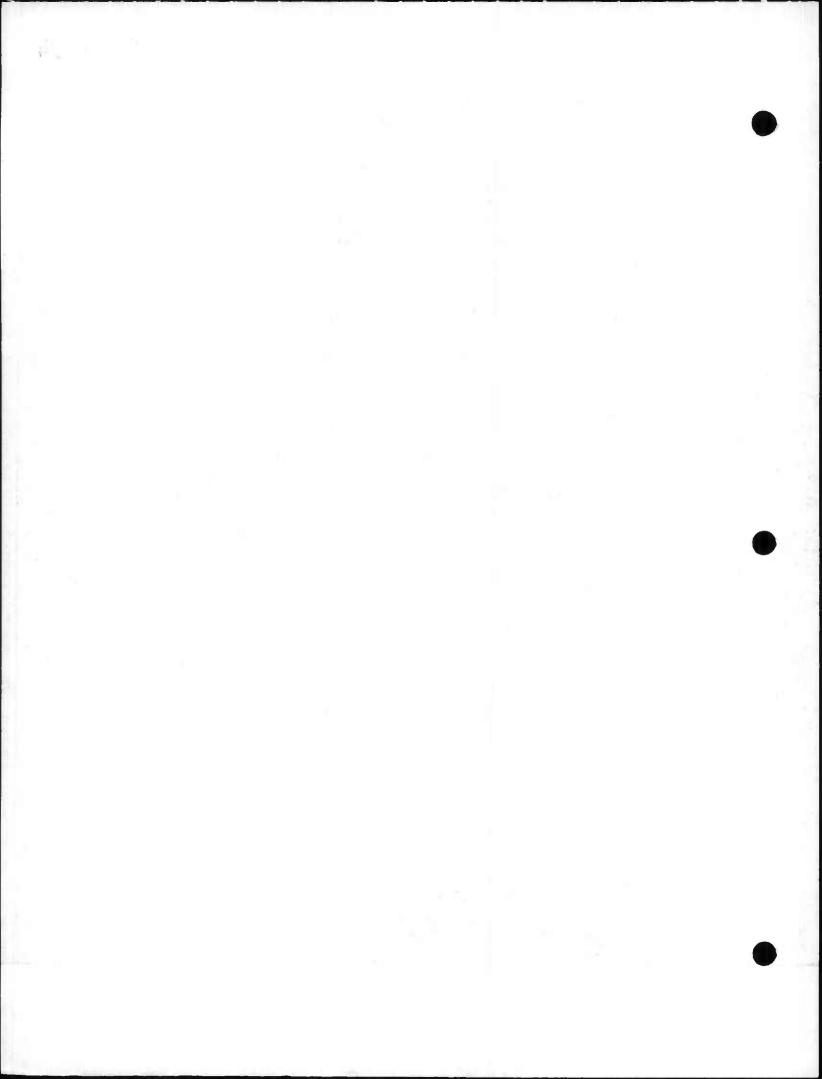
1	-	STATE REGISTR	A
	1. D	ECEDENT'S	N

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	SIAIL OF R	CE			E OF			MENIA	REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF OEATH			3. TIME OF OEATH	
	Bion	В.	Biere	r. J	r.				Aug			994	2:30P	м
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. les	_		R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BURTH	1	8. BIRTH	PLACE (State or Foreign	
	579-52-0899	1 💢 M 2 🗌 F	89	YRS.	MONTHS	DAYS	HOURS	MIN.	Jul	y 2,19	05	Mary	land	- 1
	9e. FACILITY NAME (If not institution, give	street and number)			9b. CIT	Y, TOWN C	R LOCATION	ON OF OR	EATH		9c. COU	NTY OF D	EATH	\dashv
R	Ginger Cove Healt	h Care Fa	cility		A ₁	nnapo	olis				Anne	e Aru	nde1	
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT											1111		⇉
E		Arundel				OR LOCAT	ION						10d. INSIDE CITY	- 1
	10e. STREET AND NUMBER	Arunder		All	napo				·				1 YES 2 NO	_
FUNERAL DIRECTOR	2202 River Cresce	ent Drive					2140					S.A.	HAT COUNTRY?	-
β β	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W World	AR OR DATES	MED NO			city Cube	n, Mexice	n, Puerto	N? (Specify Yee Ricen, etc.)	or No-	Black	— American Indian, White, etc.	
E	15. DECEDENT'S ED (Specify only highest grad	UCATION	18e. DE	CEDENT'S	USUAL O	CCUPATIO	N	_	160	. KIND OF BUS	INESS/INC	DUSTRY		\dashv
티	Elementary/Secondary (0-12)	College (1-4 or 5	//o.	Do NOT u	se retired.)		it of workin	ng .						
MP		4	N	ava1	Off	icer				U.S.	Nav	У		_
COMPLETED	17. FATHER'S NAME (First, Middle, Last)									Middle, Maiden	,			
BE	Bion Barnett Bier	er, Sr.					Be	ssie	Mab	el Rob	erts			
2	19e. INFORMANT'S NAME (Type/Print)									ber, City or Town				\neg
-	John N. Bierer		18	14 K	erse	y Ro	ad	S11v	er S				1 20902	_
	20e: METHOD OF DISPOSITION 1 N Burtel 2 Cremation 3 Ref	moval from State	20b. PLACE A cemetery, cre-	AND DATE	OF DISPO	SITION (Na	me of		OAT	E 20c. LO	CATION —	City or To	wn, State	
	4 Donetion 5 Other (Specify)	venere A	Arling	ton	Nat1	onal	Cem	eter	y 8/	14 Arı	ingt	on,	Virginia	4
	> Leiner	Sim	mone)						ns, In			Visconsin 1016	
	23. PART I. Enter the diseases, or shock, or heart fellure	complications that	t ceused the de	eth. Do	not enter	r the mo	de of dyl	ng, suc	h aa car	diac or respi	ratory ar	reat,	Approximate	
	IMMEDIATE CAUSE (Finel disease or condition	4)		7.									Onset and Dea	
	resulting in death)	e. C'O	(OR AS A CONSEC	OLIENCE O	£.								URS	_
_	_		EURON		·).								1 WK	- }
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		(OR AS A CONSEC		F):								1 000	\dashv
CAI	cause. Enter UNDERLYING	c.												- 1
Ė	CAUSE (Disease or injury thet initiated events	OUE TO	(OR AS A CONSEC	DUENCE O	F):									7
	reaulting in deeth) LAST	d												
	PART II. Other significent condition	na contributing to	deeth but not n	esulting	in the m	nderlying	COLLEGA	nl nevle	Part I	24a. WAS AN	ALITOREV	245	WERE AUTOPSY FINDING	
PHYSICIAN: MEDICAL							, 00000 1	31.4011 111		PERFOR	MEO?	240.	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
ME												ł	1 YES 2 NO	
ä														
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	eck only o	ne)				
YSI	1 YES 2 NO	1 Inpatient 2	ER/Outpatient 3	□ DOA		rsing Hom	5 🗆 Re	eldenca	8 🗆 Oth	er (Specify)				-1
PH	27. MANNER OF OEATH Natural 5 Pending	28e. DATE OF (Month, D		28b. TIW	IE OF	28c, INJ WO			28d. DE	SCRIBE HOW II	OC YRULY	CURED		
B	2 Accident Investigation				М		ES 2 [NO						
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At ho atc. (Specify)	me, term,	atreet, fac	tory, office			281. LOC City	CATION (Street e or Town, State)	nd Number	or Rural R	loute Number,	
, LE	29e. CERTIFIER (Check only	SICIAN: To the best of	my knowledge de	ath occur	ed at the	time data	and place	and due	to the ce	use(e) and man	ner ee etel	and .		┪
ž I) end manner ee stated.	- 1
	290. SIGNATURE AND TITLE OF CERTIFIE							ENSE NUI						_
H	CHEMA. ON	ell.	100										(Month, Day, Year)	
임	III. MAME AND ADDRESS OF PEASON W	HO COMPLETEO CAUS	SE OF OEATH (ITE	M 27) (Type	, Print)		טע	0718	·			Augus	st 5, 1994	-
	John D. Jackson	. M.D. 1	833 Fore	st D		. An	napo	lis.	Mar	vland	2140	1		
	AUG 0 9 1994	132 REGISTRA	A'S SIGNATURE	Less										7
- 1		(1												

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transfit be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760



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31. DATE FILED (Month, Day, Year)
AUG 0 9 1994

funeral director, page 5 should hours after death. the completely filled in by 50 requires that the death certificate be executed within burial, and prior to the attending physician Mental Hygiene prior to this certificate has been signed by with the State Dept. of Health and HOSPITAL OR ATTENDING PHYSICIAN: The law After the DIRECTOR: hours after

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 94 AUG THOMAS 03 BREWER 10:00 PW 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthdev) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Yea. DAYS HOURS 1 M 2 | F 220-86-6257 YRS 31 Feb 20 1963 Washington, 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR UNIVERSITY S.T.U. BALTIMORE CITY Maryland 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Montgomery Germantown 1 X YES 2 NO FUNERAL 10e STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 13327 Neerwinder P1 20874 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuban, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 YES 2 TNO Specify: White BY Specify: 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementery/Secondary (0-12) College (1-4 or 5 +) COMPL 12 Landscaper Landscaping 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname Robert C. Brewer BE Catherine Clements 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary B. Narel 727 Boundary Ave, Silver Spring, MD 20910 201 METHOD OF DISPOSITION
143 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State 4 Donation 5 Other (Specify) Resurrection Cemetery Aug 8 Clinton, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hines-Rinaldi Funeral Home 11800 New Hampshire Ave, Silver Spring, MD Ihomas 23. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Finel** Onset and Death disease or condition_ HOZD DUSURY resulting in death) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 NO Xxmpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? 1 Netural 18-20 PM 3194 1 YES 2 NO TELL WHILE ROLLER SKATIL BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, term, street, tectory, office building, arc. (Specify) 281. LOCATION (Street and Number or Rural Route Number 3 Sulcide 8 Could not be COMPLETED 4 Homicide POAD BLACK HILL REGIONSL PARKHD 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated. (Check only one) * MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE (8) MO O.C.M.E. ▶ AUG 5,1994 0

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. DEGISTRAD'S SIGNATURE

TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 hr

DHMH-18 Rev 1/89

111 Penn Street, Baltimore, Maryland 21201

DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within months after death. Page 6 may be retained by the hospital or attending physician.	ath. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burta-franket be filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	neral director, page 5 should be detached for use as the burial-transfert or
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	iminer must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF H	IEALTH AND M DEATH	ENTAL HYGIEN REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) MARGARET	DI OCUE				2. DATE OF CEATH MONTH JULy 31,		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	BLOCKER	In yrs. lest birthday)					5:35 AM M
	255-03-8976	1 M 2 T F	86 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) pril 19,	1.000 S. BIRT	HPLACE (State or Foreign (try)
	9a. FACILITY NAME (If not institution, give sti		OO 1419.					
æ					OR LOCATION OF DEA	TH	9c. COUNTY OF	
6	Manor Care Nursing	, nome		Wheaton	· · · · · · · · · · · · · · · · · · ·		Montgom	ery
DIRECTOR	10e. STATE 10b. COUNTY		10c, CI	TY, TOWN OR LOCAL	TON			10d. INSIDE CITY
ä	Maryland Montg	omery	Si	lver Spr	ing			LIMITS?
AL.	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	15121 Glade Dr. A _l	pt. 2B			20906		USA	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPANIC	ORIGIN? (Specify Yea	or No — 14. RAC	CE — American Indian, ck, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specify:	Puerio Niceri, etc.)	Spe	city:
	15. DECEDENT'S EDUC	NATION I	44- 00000000000000000000000000000000000	<u> </u>		1		White
	. (Specify only highest grade	completed)	(Give kind of	S USUAL OCCUPATION work done during mouse retired.)	on st of working	16b. KIND OF BUS	SINESS/INDUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemal			Own Ho	nme.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAME	E (First, Middle, Maiden		
	Joseph Connor				Madge He		ourname,	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	3 ADDRESS (Street a		ute Number, City or Town	n, State, Zip Code)	
임	General Jack Block	er	2336 S	. Nash S	treet Ar	lington,	Virginia	22202
	20a. METHOD OF OISPOSITION 1-X Burlel 2 Cremetion 3 Ramo	20b.	PLACE AND DATE	OF DISPOSITION IN	me of		CATION — City or T	
	4 Donetton 5 Other (Specify)	G	ate of	Heaven Co	emetery	8/9 Sil	ver Spri	ng, Maryland
	21. SIGNATURE OF FUNDMAL SERVICE LIGH	ERSEE)						uneral Home
	1115-	11-				mpshire Av g, Marylar		/.
	23. PART I. Enter the disesses, or co	omplications that caused	the deeth. Do	not enter the mo	de ot dying, auch	es cardiec or reepi	ratory erreet,	Approximete
	immediate cause (Finel	Liet only one cause on e	och line.		1		2	Interval Between Onset and Death
	disease or condition	(2240	laal	10	111/01	01	1/10 6	
	regulting in death)		0 00		uere	0-6-01	asul	
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE C	277	2000	Ocu.	asuf	
NO			Ma	EF	765 /la	eta.	asuf	
ATION	Sequentially list conditione, it any, leeding to immediate	DUE TO (OR AS A	Ma	EF	18/10	eta.	asuf	
FICATION	Sequentially list conditione, it any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE	OF):	18 11 a	eta.	assuf	
RTIFICATION	Sequentially list conditione, it any, leeding to immediate cause. Enter UNDERLYING		CONSEQUENCE	OF):	185/10	eta.	osuf	
CERTIFICATION	Sequentially list conditione, it amy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE C	PF:	To la	etja.	osuf	
AL CERTIFICATION	Sequentially list conditione, it any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE C	PF:	To la	etja.	AUTOPSY 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
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ابر	Sequentially list conditione, it amy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE C	PF:	To la	BIT I. 24a. WAS AN PERFOR	AUTOPSY 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ابر	Sequentially list conditione, it any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions	DUE TO (OR AS A	CONSEQUENCE C	DF):	g ceuse given in Pa	ert I. 24a. WAS AN PERFOR	AUTOPSY 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
٦	Sequentially list conditione, it any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OUE TO (OR AS A OUE TO (OR AS A out to deeth be seen tributing to deeth be to	CONSEQUENCE C	In the underlying	g ceuse given in Pr	ert I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
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PHYSICIAN: MEDICAL	Sequentially list conditione, it any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural S Pending	OUE TO (OR AS A OUE TO (OR AS A out to deeth be seen tributing to deeth be to	CONSEQUENCE C	26. PI	g ceuse given in Pa	ert I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
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D BY PHYSICIAN: MEDICAL	Sequentially list conditione, it any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR AS A OUE TO (OR AS A S. OUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE C CONSEQUENCE C ut not resulting etlent 3 □ DOA 28b. Till iN	DF): In the underlying light of the light o	G ceuse given in Paragraphic Check e 5 Residence 8 URY AT (FS 2 NO	Brt I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY 24	ANALABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
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D BY PHYSICIAN: MEDICAL	Sequentially list conditione, it any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER Check only	DUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A I. B CONtributing to deeth be B CONTRIBUTION C	CONSEQUENCE C CONSEQUENCE C ut not resulting attent 3 DOA 28b. Till iN At home, farm,	26. PI OF 26. PI OF 26. PI OF 26. IN WO M 1 street, factory, officered at the time, date	and place, end dua to	Brt I. 24a. WAS AN PERFOR 1 YES 2 k only one) Other (Specify) 28d. DESCRIBE HOW II City or Town, Stere)	AUTOPSY 24 IMED? NJURY OCCURED and Number or Rural	ANALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? t YES 2 NO Route Number,
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E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditione, It any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A I. B contributing to deeth be B c	CONSEQUENCE C CONSEQUENCE C LITTLE CONSEQUENCE C CONSEQUENCE C LITTLE C LITTLE C LITTL	DF): 26. Pi 26. Pi ONER: A Persing Hom AE OF JURY M 1 1 Street, factory, office red at the time, date on, in my opinion, d	ACE OF DEATH (Checker 5 Residence 8 URY AT RK? YES 2 NO	art I. 24a. WAS AN PERFOR 1 YES 2 k only one) Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street & City or Town, State) of the cause(a) end manime, date end place, and	AUTOPSY 24 NJURY OCCURED and Number or Rural mer as stated. d due to the cause	ANALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? t YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditione, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A I. B contributing to deeth be B c	CONSEQUENCE C CONSEQUENCE C LITTLE CONSEQUENCE C CONSEQUENCE C LITTLE C LITTLE C L	DF): 28. Pi OTHER: 4 Persong Hom AC OF 28. Pi OTHER: 4 Persong Hom AC OF Street, factory, office red at the time, date on, in my opinion, d	ACE OF DEATH (Check 5 Residence 8 URY AT PKES 2 NO and place, end dua to eath occurred at the tire SEC UCENSE NULLER	art I. 24a. WAS AN PERFOR 1 YES 2 k only one) Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street & City or Town, State) of the cause(a) end manime, date end place, and	AUTOPSY MED? NJURY OCCURED and Number or Rural mer as stated. d due to the cause	ANALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? t YES 2 NO Route Number,
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

ð.

* REGISTRAR	ALE OF MARYLA	IND / DEPARTI CERTIFIC			MENTAL HYGIEN REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Last)		02.111.11	ATTE OF	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
Betty Jane Bro	wn				08-10-19		8:20 p. M
4. SOCIAL SECURITY NUMBER 5. SE	EX 6. AGE (Ir		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign ntry)
215-03-4303 1 □ 9s. FACILITY NAME (If not institution, give street an		4 YRS.		HOURS WIN.	11-05-19	19 M	aryland
5502 Bonnie Brook		l'		on Location of D nbridge	EATH	9c. COUNTY OF	
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	Rodd	100 CITY 1	TOWN OR LOCAT			DOLC	hester
	ester	100. 0111,	Cambr				10d. INSIDE CITY LIMITS? 1 TYES 2 X NO
10e, STREET AND NUMBER	COCCE			ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
5502 Bonnie Brook				2161	3	U.	S.A.
11. MARITAL STATUS 1 Never Married 2 Married	AS DECEDENT EVER IN ORCES? 1 YES	U.S. ARMED 2 XNO	If yes, sp	ecify_Cuben, Mexico	NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.)	or No- 14. RA Bla	CE — American Indian, ick, White, atc.
3 Widowed 4 Divorced	YES, GIVE WAR OR DAT	TES	1 🗆 YES	2 ANO Specif	y:	Spo	White
15. DECEDENT'S EDUCATION (Specify only highest grade comple		16a. DECEDENT'S US	BUAL OCCUPATION MORE	ON st of working	16b. KIND OF BUS	SINESS/INDUSTRY	***************************************
Elementary/Secondary (0-12) Colle	ege (1-4 or 5+)	Me. Do NOT use i	ewife		иот	emaker	
17. FATHER'S NAME (First, Middle, Last)		nous	GATTG	16 MOTHED'S NA	ME (First, Middle, Maiden		
John Parker					e Hayman	Surname)	
19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DDRESS (Street a	nd Number or Burnt	Boute Number City or Tow	n, State, Zip Code)	03.63.0
John B. Brown,	Sr.	5502	Bonnie	Brook	Rd., Cam	bridge	, 5 MB 13
20g METHOD OF DISPOSITION 1 ABurlal 2 Cremation 3 Removal from	om State ceme	PLACE AND DATE OF tery, crematory or other	DISPOSITION (Na r place)	me of	DATE 20c. LO	CATION — City or	
4 Donation 5 Other (Specify)	G	reenlaw		tery		ambrid	ge, MD.
· Janes Jan	an- 1840	much	Curra	an-Brom	well Fundament	eral Ho	ome, P.A.
23. Enter the diseases, or complishock, or heart feiture. Liet or	cations that caused	the death. Do not	enter the mo	de of dying, suc	h as cerdiac or respi	ratory arrest,	Approximate
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Polen a	larca	ne	9			Interval Between Onset and Death
	DUE TO (OR AS A	CONSEQUENCE OF):					1
Sequentially list conditions.							
if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury							
if any, leading to immediate cause. Enter UNDERLYING		CONSEQUENCE OF):					
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	the underlying	g couse given in	Part I. 24e. WAS AN		No. WERE AUTOPSY FINDINGS
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	the underlying	g couse given in		MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	the underlying	g ceuse given in	PERFOR	MED?	MMILABLE PRIOR TO COMPLETION OF CAUSE
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions confidence of the conditions	DUE TO (OR AS A detributing to deeth but	CONSEQUENCE OF):		g couse given in	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions c	DUE TO (OR AS A distributing to deeth but specified to deeth but spe	consequence of):	26. PL THER: Nursing Horn OF 26c. INJ WO	ACE OF DEATH (Ch	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions c	DUE TO (OR AS A determined to deeth but the but to deeth but the but to deeth but the but to deeth but the but	t not resulting in	26. PL DTHER: Nursing Hom WO M 1 1 1	ACE OF DEATH (Ch. 5 Tresidence White the control of	PERFOR 1 YES 2 eck only one) 6 Other (Specify) 28d. DESCRIBE HOW III	MED? NO NO NUMBER OCCURED	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions content in the conditions conditions content in the conditions content in the conditions content in the conditions content in the conditions content in the conditions conditions conditions content in the conditions content in the conditions co	OUE TO (OR AS A detailed tributing to deeth but splitc	CONSEQUENCE OF): It not resulting in If ont 3 DOA 4 28b. TIME (1) At home, farm, stre	26. PL DTHER: Nursing Hom WO M 1 1 1	ACE OF DEATH (Ch. 5 Tresidence White the control of	PERFOR 1 YES 2 eck only one) 6 Other (Specify)	MED? NO NO NUMBER OCCURED	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions c	tributing to deeth but spiritual: SPITAL: Inpetient 2 ER/Outpe 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Specif	t not resulting in to tresulting in 28b. Time c injury	26. PL OTHER: Nursing Hom OF Y M 1 1 1 oet, factory, office	ACE OF DEATH (Ch 5 Residence WRESIDENCE FRY AT RKY VES 2 NO	PERFOR 1 YES 2 eck only one) 6 Other (Specify) 28d. DESCRIBE HOW is City or Town, State)	MED? NO NJURY OCCURED and Number or Rura	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions c	DUE TO (OR AS A control of the best of my knowledge)	t not resulting in tent 3 DOA 4 28b. TIME c INJUR	26. PL DTHER: Nursing Hom DF 28c. (NJ) WO 1 1 1	ACE OF DEATH (CA	PERFOR 1 YES 2 ock only one) 6 Other (Specify) 28d. DESCRIBE HOW it City or Town, State) to the cause(s) and man	MED? NO NJURY OCCURED and Number or Rura	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions c	DUE TO (OR AS A control of the best of my knowledge)	t not resulting in tent 3 DOA 4 28b. TIME c INJUR	26. PL DTHER: Nursing Hom DF 28c. (NJ) WO 1 1 1	ACE OF DEATH (CA	PERFOR 1 YES 2 ock only one) 6 Other (Specify) 28d. DESCRIBE HOW it City or Town, State) to the cause(s) and man	MED? NO NJURY OCCURED and Number or Rura	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO I Route Number,
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions c	DUE TO (OR AS A control of the basis of examination	consequence of): It not resulting in It not resulting in It not resulting in It not resulting in It not resulting in It not resulting in	26. PL THER: Nursing Hom North M Nursing Hom North M North Sectory, office at the time, date in my opinion, de	ACE OF DEATH (CA	PERFOR 1 YES 2 ock only one) 6 Other (Specify) 28d. DESCRIBE HOW it City or Town, State) to the cause(s) and man	MED? NO NJURY OCCURED and Number or Rura mer as stated. d due to the cause	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO I Route Number,
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions c	DUE TO (OR AS A control of the basis of examination of DEATE OF INJURY (Month, Day, Year)	ti not resulting in 28b. Time c injury	26. PL DTHER: Nursing Hom OFF 28c, INJ. WO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACE OF DEATH (Ch. 5 Residence 15 Residence 17 RK? (ES 2 NO 18 and place, and due 18 eath occured at the	PERFOR 1 YES 2 ock only one) 6 Other (Specify) 28d. DESCRIBE HOW it City or Town, State) to the cause(s) and man	MED? NO NJURY OCCURED Ind Number or Rura Iner as stated. Ind due to the cause 29d. DATE SIGNE	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO / Route Number, (a) and manner as stated.

IMPORTANT. If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

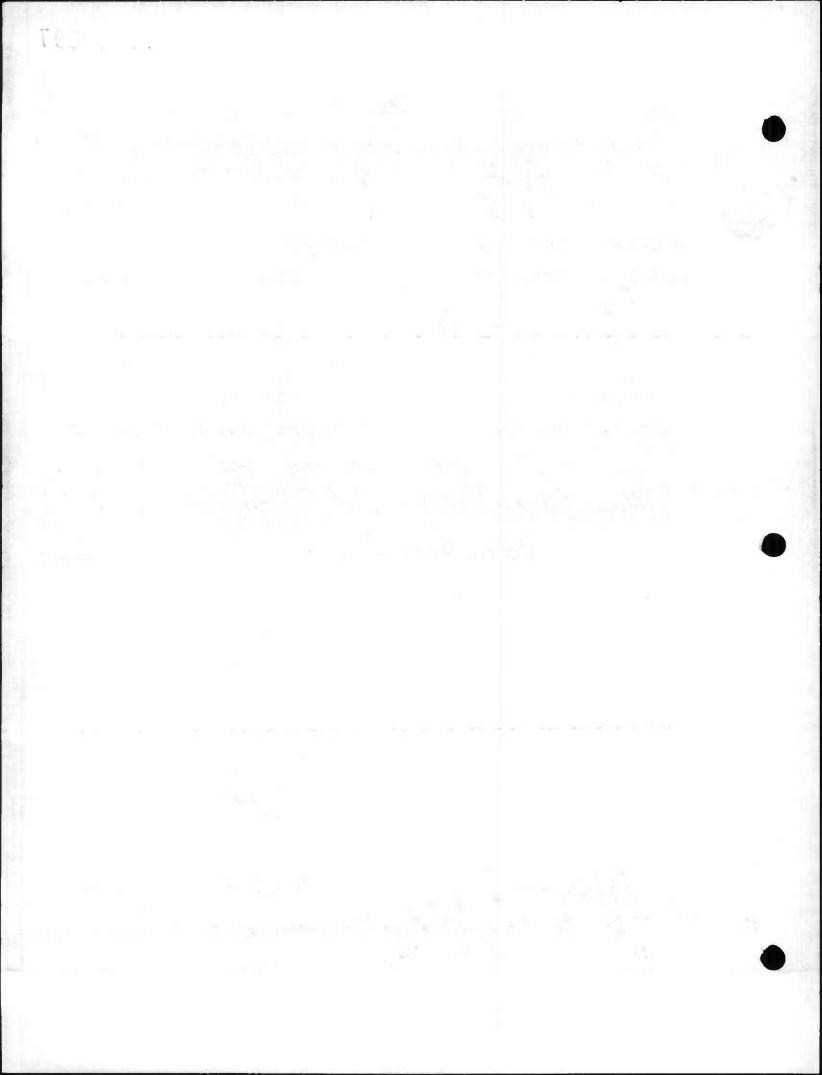
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020 🤟

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

10



FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE O	F DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE	OF DEATN		3. TIME OF DEATN
	Jorge Colas	\$				08/	19/94	YEAR	08:45 A M
			(In yrs. last birthday)	F UNDER t YEAR	IF UNDER 24 HRS.	7 DATE	OF BIDTH	8. BIRT	NPLACE (State or Foreign
1	262-35-0312	1, M 2 F C	9 YRS.	ONTHS DAYS	HOURS MIN.	(Month	30/189.	5 Cun	iba
ł	Se. FACILITY NAME (If not institution, give stre			b. CITY, TOWN	OR LOCATION OF D			COUNTY OF	
<u> </u>	Union Memoria	1 Hospita	i i	Balti					
	RESIDENCE OF DECEDENT	.I nospita	1	Dait	lmore				_
ŭ	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOC	ATION				10d. INSIDE CITY
DIRECTOR	MD		Balt	imore	2				LIMITS?
	10e. STREET AND NUMBER				IOF. ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?
FUNERAL	Westminister Ho	use Charl	es& Cent	ro	21201			U.S.A	
Ē		12. WAS DECEDENT EVER	IN U.S. ARMED		ECENDENT OF HISPA				E — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	Il yes,	specify Cuben, Maxic ES 2 NO Speci	an, Puarto R	lican, etc.)	Blac	ck, White, etc.
BY	3-Widowed 4 Divorced	IF TES, GIVE WAR ON	OATES	XLX II	ES 2 NO Speci	ny:		Spe	White
PLETED	15, DECEDENT'S EDUCA		16a. DECEDENT'S US	SUAL OCCUPA	TION	16b.	KIND OF BUSINESS	S/INDUSTRY	
<u> </u>	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	(Give kind of wor	k done during i retired.)	nost of working				
3	12 Years	consign (Int of 5.4)	Journa	list			News		
	17. FATHER'S NAME (First, Middle, Lest)		Journa	1100	18. MOTHER'S N	AME (First M	liddle, Maiden Surnei	mel	
3	Javier Colas					(, , , , ,	made, meladir delilor		
2	19s. INFORMANT'S NAME (Type/Print)		19h MAII ING A	OORESS /Street	t and Number or Rural	Oords Mumb	as City as Tour Cons	Tin Code	
2	Jorge Fernantez	•			venue E				206
	20a. METHOD OF DISPOSITION								
- 1	1 Burial 2 Cremation 3 Remov	val from State	b. PLACE ANODATE OF metery, cremetory or othe TEENMOUN	r place)	Name of		20c. LOCATIO		
	21. SIGNATURE OF FUNERAL SERVICE LICE	- G	reenmoun	LUTE	matory		20/94		
	· Z +.)	D: 20011	/	22, NAME	AND ADDRESS OF F	ACILITY T	he Dipp	oel F	uneral Hom
	Manualy -	LAPPELY !	7	7110	Belair	Roa	d Balti	more	, MD 21206
CAL CENTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disases or injury that initiated evanta resulting in death) LAST PART II. Other algnificant conditions	OUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in		ng causa given ir	ı Part i.	24a. WAS AN AUTOI		b. WERE AUTOPSY FINDINGS
	Urpsepis					_	PERFORMEO?	,	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
THE STORY	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26.	PLACE OF DEATH (C	heck only one	»)		
5		HOSPITAL: 1 Inpetient 2 ER/Out		THER:	me 5 - Rasidenca	6 Other	(Specify)		
	27. MANNER OF OEATH	28a. DATE OF INJURY	28b. TIME (OF 28c. II	NJURY AT		CRIBE NOW INJURY	OCCURED	
- 10	1 Natural 5 Pending	(Month, Day, Year)	INJUR		VORK? YES 2 NO				
	2 Accident Investigation 3 Suicide & Could not be	28a, PLACE OF INJUR	Y — At home, form, atra			261 1 004	TION (Street and Nu	mher or Rural	Boute Number
	4 Nomicide 6 Could not be	building, atc. (Spi	ecify)	ou, wordy, or			r Town, State)	HIDE OF NOVE	noute Namoer,
	29e, CERTIFIER								
Some series	(Check only 1 DE CERTIFYING PHYSICI								
	one) 2 MEDICAL EXAMINER.	. On the bears of exeminati	on and/or investigation,	in my opinion.	death occured at the	time, date	and placa, and due	to the cause	a) and manner as stated.
į	296. SHEMATURE AND TITLE OF CENTIFIER	2			29c. LICENSE NU		29d.	OATE SIGNE	O (Month, Day, Year)
	100	11 140			D337	3 4		8/191	194
	THAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Pr	rint)					
	JOHN E. STOKE	W MA	ATURE	Lalva	10,	Bu	HOHI.	2/2/4	3
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE	-					
- 11	ALIC 9 6 100 4	1.1: A	La P. III						

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once DIVISION OF VITAL RECORDS, P.O. BOX 68760

pital or attending physician. D 21215-0020

BALTIMORE, MARYLA

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZA hours after death, Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the filled within 72 hours after death with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR		C				-						
1. DECEDENT'S NAME (First, Middle, Last)								DATE OF D	DEATH		YEAR	3. TIME OF DEATH
Virginia Dorothy						S	. 8		11	1	994	8:45 a
	5. SEX 1 □ M 2	6. AGE (In yrs. In	est birthday) YRS.	IF UNDER	DAYS	HOURS MIN		Month, Den		3	8. BIRTH Count MD	IPLACE (State or Foreigny)
9a. FACILITY NAME (If not institution, give street	et and number)			9b. CITY	TOWN (OR LOCATION OF	DEATH				NTY OF D	EATH
Calvert County Nur	sing Cer	nter		Prince Frederick							lver	
10e. STATE MD 10b. COUNTY			10c. CIT	TY, TOWN C	OR LOCAT	rion						10d. INSIDE CITY
Ca1	vert		D	unki								LIMITS?
100. STREET AND NUMBER 2341 Southwind C	ircle				101	20754					SA	WHAT COUNTRY?
11. MARITAL STATUS 1 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	RMED NO		If yes, sp	ENDENT OF HIS ecity Cuben, Me 2 R NO Sp	dcan, Pu			or No-	14. RACI Black Spec	American Indian, k, White, atc.
15. DECEDENT'S EDUCAT (Specify only highest grade co	TION empleted)	(ECEDENT'S	work done		ON st of working	1	16b. KINI	D OF BUSIN	NESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +	+) //	te. Do NOT u	ise retired.)								
11			cler	k				In	suran	ice		
17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S	NAME (First, Middle	e, Maiden Su	umame)		
George			ding				1ary				_	ncoln
19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS	S (Street a	and Number or Ru	ral Route	Number, C	Olty or Town,	State, Zip	Code)	
Michael D. Curtis			3041	Sympl	hony	Ln., F	lunt	ingto	own,	MD	206	39
20a. METHOD OF DISPOSITION	al from State	20b.PLACE	E AND DATE	OF DISPOS	ITION (Na			OATE	20c. LOCA			wn, State
1 -Ruriel 2 Crametion 2 Paran	e. Hom State		rematory or o			dens 8	3-16	-94	Dunk	rirk	(Ca	1) MD
1 Granton 3 Remove 4 Donation 6 Other (Specify) 1. SIGNATURE OF PURENAL SERVICE LICEN 25. PART 1. Enter the diseases, or conshock, or heart failure. List IMMEDIATE CAUSE (Final)	mplications that	t caused the d	leath. Do	Rai	name ai	Funera	1 H	ome,	PA	Owi	ngs,	
4 Donation 8 Other (Specify) 11. SIGNATURE OF FUNCTIAL SERVICE LICEN 25. PART I. Enter the diseases, or corshock, or heart failure. Lie	mplications that at only one cau C V DUE TO COANCE	t caused that dise on each line (OR AS A CONSI	eath. Do	Ra1	the mo	Funera	a 1 H	ome,	PA	Owi	ngs,	MD 2073
4 Donation 8 Other (Specify) 11. BIGHATURE OF FUNCTIAL SERVICE LICEN 25. PART I. Enter the diseases, or conshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	DUE TO DUE TO DUE TO	t caused the dise on each lin	EOUENCE O	Rail not anter	the mo	Funera	a 1 H	ome,	PA	Owi	ngs,	MD 2073
23. PART I. Enter the diseases, or coreshock, or heart failure. Lie immediate or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO DUE TO Can DUE TO Can	i caused that dies on each line (OR AS A CONSI	BOUENCE O	Rail	NAME AI USCh the mo	Funerated of dying, a	al H	ome,	PA or reapira	Owi:	ngs,	MD 2073(Approximata interval Betwonset and December 2007)
4 Donetton 8 Other (Specify) 11. BIGHATURE OF FUNCTIAL SERVICE LICEN 23. PART I. Enter the diseases, or corshock, or heart failure. Lit IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO DUE TO Can DUE TO Can	i caused that dies on each line (OR AS A CONSI	BOUENCE O	Rail	NAME AI USCh the mo	Funerated of dying, a	al H	ome, cerdiec	PA	Owi	ngs,	MD 2073
25. PART I. Enter the diseases, or corshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO COMMITTED DUE TO DUE TO COMMITTED DUE TO D	i caused that dies on each line (OR AS A CONSI	BOUENCE O	Rainot anter	NAME AI USCh the mo	Funerated of dying, a	al H	ome, cerdiec	PA or reapira	Owi	ngs,	MD 2073 Approximata interval Betwoonset and Double and Double and Double and Double and Double and Double and Double and Double and Double and Double and Double and Double and Double and Double and Double and Double and
23. PART I. Enter the diseases, or corshock, or heart failure. Life in the disease of condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Please or injury that initiated events resulting in death) PART II. Other algnificent conditions of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO DUE TO Can DUE TO Can	t caused that diese on each line (OR AS A CONSI	EOUENCE O	Rainot anter	NAME AI USCh the mo	Funera de of dying, a	in Part	ome, cerdiec	PA or reapira . WAS AN AN AN PERFORM YES 2	Owi	ngs,	MD 2073 Approximata interval Betwoonset and Double and Double and Double and Double and Double and Double and Double and Double and Double and Double and Double and Double and Double and Double and Double and Double and
23. PART I. Enter the diseases, or core shock, or heart failure. Life immediate or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNED-OF DEATH 1 Netural 5 Pending	DUE TO CONTRIBUTION TO CONTRIB	i caused that dies on each line (OR AS A CONSI (OR	EOUENCE O EOUENCE O FE	Rail not anter Pri: Pri: Pri: Pri: Pri: Pri: Pri: Pr	NAME AI USCh the mo	Funera de of dying, a CV D g cause given ACE OF OEATH	in Part	ome, cerdiec	PA or reapira . WAS AN AN AN PERFORM YES 2	Owi:	ngs,	MD 2073 Approximata interval Betwoonset and Double and Double and Double and Double and Double and Double and Double and Double and Double and Double and Double and Double and Double and Double and Double and Double and
23. PART I. Enter the diseases, or corshock, or heart failure. Life is shock, or heart failure. Lif	DUE TO CONTRIBUTION TO CONTRIB	i caused that dies on each line (OR AS A CONSI (OR	EOUENCE O EOUENCE O FOUENCE O Treaulting 3 □ DOA 28b. Tik	Rainot anter	name Air Usch the mo	Funera Funera de of dying, a SUV D g cause given ACE OF OEATH TRKY YES 2 NO	in Part	OME, cerdiec 1. 24a 1. 1 Other (Spot) d. DESCRIE	PA or reapira . Was an an an Perform	Owi	ngs,	MD 2073 Approximata interval Betwoonset and Double and Double and Double and Double and Double and Double and Double and Double and Double and Double and Double and Double and Double and Double and Double and Double and
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 17. Yes 2 NO. 26. Was Case Referred to Medical Examiners. 27. MANNER OF DEATH 28. Was Case Referred to Medical Examiners. 29. Was Case Referred to Medical Examiners. 20. Was Case Referred to Medical Examiners. 20. Was Case Referred to Medical Examiners. 20. Was Case Referred to Medical Examiners. 21. Was Case Referred to Medical Examiners. 22. Was Case Referred to Medical Examiners. 23. Was Case Referred to Medical Examiners. 24. Was Case Referred to Medical Examiners. 25. Was Case Referred to Medical Examiners. 26. Was Case Referred to Medical Examiners. 27. Manner of Death 28. Was Case Referred to Medical Examiners. 29. Was Case Referred to Medical Examiners. 20. Was Case Referred to Medical Examiners. 20. Was Case Referred to Medical Examiners. 26. Was Case Referred to Medical Examiners. 27. Manner of Death 28. Was Case Referred to Medical Examiners. 29. Was Case Referred to Medical Examiners. 29. Was Case Referred to Medical Examiners. 20. Was Case Referred to Medical Examiners. 20. Was Case Referred to Medical Examiners. 20. Was Case Referred to Medical Examiners. 29. Was Case Referred to Medical Examiners. 20. Was Case Referred to Medical Examiners. 20. Was Case Referred to Medical Examiners. 20. Was Case Referred to Medical Examiners. 20. Was Case Referred to Medical Examiners. 20. Was Case Referred to Medical Examiners. 20. Was Case Referred to Medical Examiners. 20. Was Case Referred to Medical Examiners. 21. Was Case Referred to Medical Examiners. 22. Was Case Referred to Medical Examiners. 23. Was Case Referred to Medical Examiners. 24. Was Case Referred to Medical Examiners. 25. Was Case Referred to Medical Examiners. 26. Was Case Referred to Medical Examiners. 27. Was Case Referred to Medical Examiners. 28. Was Case Referred to Medical Examiners. 28. Was Case Referred to Medical Examiners. 29. Was Case Referred to Medical Examiners. 29. Was Case Referred to Medical Ex	DUE TO CONTRIBUTION TO THE INDICATOR OF	t caused the dise on each line on each line (OR AS A CONSI (OR AS	EOUENCE O EOUENCE O FOUENC	Rall not anter PF): WF): In the ur OTHER 4 (V) Nur AE OF JURY M atreet, fact	the mo	Funera de of dying, a de of dying, a control of	in Part	OME, cerdiec 35 4 1 1 24a 1 1 Confly one) Other (Sound Described City or Tour Tour Tour Tour Tour Tour Tour T	PA or respira . Was an air PERFORM VES 2 ecity) N (Street and win, State)) and menun place, and	OWi: story and s	ngs, rest, 24b	Approximate interval Betwoneet and Description of Cause of Death? 1 VES 2 No. No. No. No. No. No. No. No. No. No.

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'	FOR STATE REGISTRAR	STATE OF	MARYLAND /				HEALTH DEA		MENTAI	. HYGIEI				
	1. DECEDENT'S NAME (First, Middle, Las	ŋ								OF DEATH			3. TIME OF DEATH	_
l ⊩	EDNA BOUND								7	3	1 1	994	9 P	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday) YRS.	MONTHS DAVE MOURE MAN			(Month, Day, Year)			8. BIRTI Count	IPLACE (State or Foreigny)	n	
1 h	214-10-7973 Sa. FACILITY NAME (If not institution, giv	1 M 2 F								26–19	_		ARYLAND	
l or I	8564 JERSEY				90. Cr		LISBU		EATH			ICOM		
W.	10a. STATE 10b. COU	ITY		10c. CI	ry, town	OR LOCA	TION						10d. INSIDE CITY	_
		COMICO			SAI	LISBU	JRY						1 - YES 2 X NO)
FUNERAL	10e. STREET AND NUMBER					10	1. ZIP COD				10g. CIT	IZEN OF	WHAT COUNTRY?	
¥ .	8564 JERSEY F							801	C) Dominion		L	U.S		
B 3	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES?	TEVER IN U.S. AR	NO	13	If yes, sp		ın, Maxica	n, Puerto F	? (Specify Ye lican, etc.)	s or No—	14. RACI Blac Spec	E — American Indian, k, Whita, etc.	
COMPLETED	15. DECEDENT'S EI (Specify only highest gra	DUCATION de completed)	16a. DE	CEDENT'S	USUAL WOOK GOO	OCCUPATI	ON net of worki	na .	16b.	KIND OF BU	SINESS/IND	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5	+) life				ost of world	''y						
ĬŘ ⊩	12 17. FATHER'S NAME (First, Middle, Last)			HOM	EMA	ŒR					MOH V	E		
		OUNDS					18. MOT			fiddle, Maider	Sumame)			
	HOWARD C. BOUINDS ALICE RIGGIN 198. INFORMANT'S NAME (Type/Print) THOMAS A. CULLVER 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, States 8564 JERSEY RD. SALISBURY, MD. 2							vn Stata 7ir	Codel					
F														
1 1	20a. METHOD OF DISPOSITION 1 Str Burlel 2 Compation 3 - Re	moval from State	20b. PLACE	AND DATE	OF DISPO	SITION (N			OATI		CATION —		wn, Stata	
4	Other (Specify)		cemetery, cre	SONS	CI	METE			8-3	SZ	LISB	URY,	MD.	
2	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	0	/	22	. NAME A	ND ADORE	SS OF FAC	CILITY				Total Control	
	XHIAIA C	/ Tau	ne							HOME,			,MD.	
2	23 PART I. Enter the diseases, o ahock, or heert fellure	r complications the b. List only one car	it caused the de	eth, Do	not ante	r the mo	de of dy	ing, suci	h as cerd	lac or resp	Iratory en	rest,	Approximate Interval Betw	
	IMMEDIATE CAUSE (Final disease or condition				~		1 5						Onset and De	
	resulting in death)	a	(OR AS A CONSE	OUENOE O		الاسام	-1 70	20100	₹.					
_			(On AS A CONSE	DOENCE O	··).									
	Sequentially list conditions, if any, leading to immediate	b. OUE TO	(OR AS A CONSEC	DUENCE O	F):									_
<u>S</u> 8	cause. Entar UNDERLYING CAUSE (Disease or Injury	C												
E .	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE O	F):									
8 .		d												
	PART II. Other algnificant condition	one contributing to	deeth but not r	aeulting	in the u	nderlyln	g cause	given in	Pert I.	24a. WAS AN PERFO		24b	WERE AUTOPSY FINDI	NGS
MEDICAL									_	1 TES	1		COMPLETION OF CAUS OF DEATH?	3E
									_	•			1 _ YES 2 _ NO	
A P	15. WAS CASE REFERRED TO MEDICAL													
20 2	EXAMINER?	HOSPITAL:	Tenus de la constantina		OTHE	R:			ock only one					_
AH Z	7. MANNER OF DEATH	28a. DATE OF						sidenca			IN HIEV OC	NIBED		_
	1 Netural 5 Pending	(Month, D	lay, Year)	IN.	JURY M	WC	PK? YES 2	NO	EGG. DEQ	SHIBE HOW	MOONT OC	JONED		
20a DI ACE OF IN HIPM							loute Number,	_						
H	4 Homicide detarmined City or Town, State)													
COMPLETED													-	
	298. CERTIFIEN (Check only 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated.							red at the	time, deta	end place, a	d due to th	a cause(a	d.	
8 IL	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONEO (Month, Day, Year)													
BY PHYSICIAN:	1 Natural 5 Pending Investigation	28a. DATE OF (Month, D	lay, Year)	26b. TIM	4 Nu IE OF JURY M	28c. INJ WO	URY AT ORK? YES 2			CRIBE HOW				

MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONEO (Month, Day, Year) ▶ 8-1.94. D26612

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

105 Pue Blush rd , Selibbon MU

AUG 03 1994

Julia Davilson Rardall

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TO BE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julia Davidson Randallo

William Bair

AUG 05 1994

31. DATE FILED (Month, Day, Year)

_	FOR 1 - STATE REGISTRAR	STATE OF I		O / DEPAR					MENTA	L HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	T21 - 1 -	M 0	1 1					2. DATE	OF DEATH	ıγ	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		Mae C						07		.8	94	0245
	201-28-2422	5. SEX	6. AGE (In yrs	s. last birthday) YRS,	MONTHS	1 YEAR DAYS	HOURS	24 HRS. MIN.	/Mont	OF BIRTH h, Day, Year)	201	Country	PLACE (State or Foreign
1	9e. FACILITY NAME (If not institution, give s							ON OF D		6, 19			NA, MD.
۳ ا	DORCHESTER		HOSPT	ΤΔΙ		BRI		ON OF DI	EAIH			OLUEC	
18	RESIDENCE OF DECEDENT	CLINEITAL	11031 1	IAL	CAM	DIVIE	Jul				DUK	CHES	IER
DIRECTOR	MD. DORG	HESTER			Y, TOWN O		TION						10d. INSIDE CITY LIMITS? 1 YES 2 X NO
ERAL	10e. STREET AND NUMBER					101. ZIP CODE					10g. CITI	ZEN OF W	HAT COUNTRY?
Ä		HARRIS S	TREET				2186	9				USA	
BY FUN	11. MARITAL STATUS 1 ☐ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED X NO	1 1	t yes, sp			n, Puarto	4? (Specify Yea Rican, etc.)	or No—	14. RACE Black Specif	- American Indian, White, etc.
8	15. DECEDENT'S EDU		18a	. DECEDENT'S	USUAL OC	CCUPATIO	ON		168	. KIND OF BUS	INESS/IND	USTRY	
	(Specify only highest grade Elamentary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done o se retired.)	during mo	ost of working	rg					
COMPL	11th		D	OMESTI	TIC					IOUSEWI	FE(A	T HO	ME)
8	17. FATHER'S NAME (First, Middle, Last)	VANDED	DIAMET	-			18. MOTE	HER'S NA		Middle, Malden	,		
8		XANDER	PINKEI						_	RAH MUF			
2	190. INFORMANT'S NAME (Type/Print) BURNEY HOLLIS									ber, City or Town	n, State, Zip	Code)	
	20a. METHOD OF DISPOSITION		SAME ADDRESS					The second secon					Otata
	20s. METHOD OF DISPOSITION C Burlet 2 Cremetion 3 Removat from State 20b. PLACE AND DATE OF DISPOSITION (Name of VIENNA STATE) 20b. PLACE AND DATE OF DISPOSITION (Name of VIENNA STATE) 20c. LOCATION — City of VIENNA MI												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE JULIEY MEMORIAL CHAPEL, 1213 JERSEY ROAD.												
	· Loretta	B. pel	ey		SAI	LLEY	BURY,	MD.	218	MAPEL,	1213	JŁK:	SEY ROAD.,
	23. PART I. Enter the diseeses, or shock, or heart failure.	complications that List only one cau	t ceused the	deeth. Do	not enter	the mo	de of dyl	Ing, euc	h es car	diec or reepi	ratory arr	eet,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition												Onset and Daat
	reaulting in death)	u	opulmo		Arre	st						,	4 min
_	_	DUE TO	(OH AS A CO	ASEQUENCE O	P):								i
RTIFICATION	Sequantially list conditions, if any, laading to immediata cause. Enter UNDERLYING	bDUE TO	(OR AS A CON	NSEOUENCE O	IF):								
FI S	CAUSE (Disease or injury that initiated avants	c. DUE TO	(OR AS A CON	(OR AS A CONSEQUENCE OF):									
E	resulting in death) LAST	d											[
AL CE	PART II. Other significant condition	an anatolius lan ta	de sale house a		1 - Ab								
CAL	THIT II. Other significant objection	is continouting to	Geath Dut II	or readiting	in the un	deriyin	g causa (givan in	Part I.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDICA										1 TYES 2	NO		OF DEATH?
Σ	DID TOBACCO USE	CONTRIBUT	E TO C	LUCE OF	DEAT	TLI \	VEC [1 NG					1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL	CONTRIBUT	E 10 C	AUSE OI	DEA		LACE OF D	EATH (Ch		ne)			
Sic	EXAMINER? 1 Tes 2 No	HOSPITAL:	☐ ER/Outpatien	n 3 🗆 DOA	OTHER	₹:							
27. MANNER OF DEATH 286. DATE OF INJURY 28b. TIME OF 28c. IN				28c. INJ	URY AT			SCRIBE HOW I	NJURY OCC	URED			
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, C	ray, roury		M		YES 2	NO					
ETED 8	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE C building,	OF INJURY — A etc. (Specify)	it home, term,	street, fact	ory, offic	ea.			ATION (Street a or Town, State)	and Number	or Rural R	oute Number,
PLE	29a. CERTIFIER (Check only	ICIAN: To the best of	my knowledge	, death occurr	ed at the ti	lme, date	end place	, and due	to the ca	use(s) and mar	mer aa stet	ed.	
COMPL	one) 2 MEDICAL EXAMINE												and manner as stated.
E C	296. SIGNATURE AND TITUE OF CERTIFIE	-	7.				29c. LICE	ENSE NUI	MBER				(Month, Day, Year)
0 8	Willian	n 10	an				D2	4323	8				8-94
. ~ 1													

4 Aurora Street

7-18-94

21613

Cambridge, MD

L. 6 • •

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_		1 - STATE REGISTRAR	OIME OF MA			CATE				WEN IN	REG. NO.	L		
		1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATN		T	3. TIME OF DEATH
		WILLIAM	AIRO		C()LLIE	R			07 O	31	9	ZEAR C	8:32 PM
		4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (in yrs. last	birthday)	IF UNDER 1		IF UNDER		7. DATE (OF BIRTN , Day, Year)		8. BIRTH	PLACE (State or Foreign
		218-18-1969	1 XM 2 - F	7 5	YRS.	MONTHS	DAYS	HOURS	MIN.		28/19	9	Mar	yland
- B		9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN C	OR LOCATI	DN OF DE			9c. COUN		-
	CTOR	NORTH ARUNDEL HOS	SPITAL ASS	OCIATIO	ON	GL	EN I	BURN:	IE_			A	.A.	COUNTY
77	Ä	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OF	LOCAT	TION	-					10d. INSIDE CITY
(439	DIRE	Maryland Anne	Arundel			Seve	rn							LIMITS? 1 不YES 2 NO
	PAL	10s. STREET AND NUMBER					101	ZIP COD	E			10g. CITIZ	EN OF W	NAT COUNTRY?
an	NER	8517 Braun's							2114				ed	States
215-0020 attending physician.	BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT E FORCES? 1 IN IF YES, DIVE WAR	VES 2 N	MED D	If.	yes, spe	ENDENT Cooking Cubic	n, Maxica	n, Puerto R	? (Specify Yaa ilcan, atc.)	or No-	Black	- American Indian, , White, atc. >: White
r attend use as	ED	15. DECEDENT'S EDUC (Specify only highest grade	ATION	16a, DEC	EDENT'S	USUAL OC	CUPATIO	ON		16b.	KIND OF BUS	SINESS/INDU	JSTRY	
2 2 2	ᄪ	Elementery/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	vork done du e retired.)			-					
D spita	필	Sixth		F	ina.	l In	spe	cto	r		Gener	al M	loto	rs
AND the hospital detached to once.	COMPLET	17. FATNER'S NAME (First, Middle, Last)						18. MOT	HER'S NAI	ME (First, M	liddle, Maiden	Surname)		
1 2 2 Z	ш		Robert C	Collie	r			C.	orne	elia	Mack	lem		
MAR retained to 5 should notified	8	19e. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS	(Street a	nd Number	or Rural F	Route Numb	er, City or Town	n, State, Zip	Code)	
	2	William C. Co	llier	1	049	6 Hi	ner	s L	ane,	Ea	ston,	MD	216	01
		20a, METNOD OF DISPOSITION		20b. PLACE A	NO DATE	F DISPOSIT				DATE		CATION — C		
MORI age 6 ma director, p		1 X Buriat 2 Cremation 3 Remo	val from State	East			re	Vet	erar	8-3	Hur	lock	. M	aryland
Pag al dii		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. N	AME AN	NO ADDRE	SS OF FAC	CILITY				
ALTIM death. Page funeral dire		> Mulial 7. 9	skow											ral Home
		23. PART I. Enter the diseases, or c	amplications that a	august the de-	Ab Da	IPO	Bo	× 4	3, F	ede	ralsb	urg,	MD	21632
urs in the		ahock, or haert faltura. I	ist only one couse	on aech ilne.	ith. Do t	iot anter t	na mo	da or dy	ing, auci	n as card	iec or reapi	ratory arre	est,	Approximate interval Batwea
		iMMEDIATE CAUSE (Final disease or condition	P	0.			1		950					Onset and Deat
a de t		resulting in death)		oren	au	/	n	ntery Diseas			cease	-e		years
P P P P			DUE TO (DE	R AS A CONSED	UENCE 9	ි):		/						
UX 68/60 e be executed with sician and complet from to bunal, crer traumatic even	CERTIFICATION	Sequentially ilst conditions,	DUE TO (DE	AS A CONSEQ	HENCE D	D.								
ficate be exphysician a physician a perfor to see traum	F	if any, leeding to immediate cause. Enter UNDERLYING	552 10 (5)	AS A CONSEQ	DENCE DI	·).								
certificate ding physi lygiene pri	윤	CAUSE (Disease or injury that initiated events	DUE TO (DE	R AS A CONSED	UENCE DI);								
eath certification attending mail Hygien	E	resulting in death) LAST												İ
death aften	빙		•											
at the dear by the art and Memia	A.	PART ii. Other significant conditions	contributing to de	eath but not re	sulting	n the und	eriying	g ceuse (given in	Pert i.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8 = 8 = C	DICAL									_	1 YES 2	. /		COMPLETION OF CAUSE OF DEATH?
requires been sign of Heal	ME													1 YES 2 NO
law request begin of 1														
The law site has be ate Dept.	SICIAN	25. WAS CASE REFERRED TO MEDICAL		/			26. PL	ACE DF D	EATH (Che	ock only one))			
SICIAN: The certificate h the State (Sic	EXAMINER?	HOSPITAL:	R/Outpatient 3	DOA	OTHER:	ng Nome	e 5 🗆 Re	aldence	8 🗆 Other	(Specify)			
PHYSICIAN: this certifica with the Sta	PHY	27. MANNED OF DEATN	28a. DATE DF INJ	JURY	28b. TIM	E OF	8c. INJ	URY AT			CRIBE NOW II	NJURY OCC	URED	
NG PHYS fler this eath with		1 Natural 5 Pending	(Month, Day, 1	Year)	INJ	URY M		PRK?	ND					
DINION DIR ATTENDING I DIRECTOR: After hours after death Item 28 is man	BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE DF IN	NJURY — At hon	ne, ferm, :	treef, factor	ry, office			281. LOCA	TIDN (Street a	and Number of	or Rural A	oute Number,
DR ATTENDING DIRECTOR: Atter tours after death tem 28 is ma	ETED	4 Nomicide determined	building, etc.	. (Ѕреспу)						City o	r Town, State)			
DIREC DIREC		290. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my	knowledge des	th accure	of at the tim	a deta	and alone	and due	to the saw	(a)d		4	
₹ ¥ Z ₹	COMPLI	(Check only one) 2 MEDICAL EXAMINES												and manner on etetad
		29b. SIGNATURE AND TITLE CERTIFIER	-								prace, an			
물 물을 중	H	AND SIGNATURE AND THE PARTY OF	~~	m					ENSE NUM			29d. DATE	SIGNED	(Month, Day, Year)
	2	30. NAME AND ADDRESS OF PERSON WNO	COMPLETED SAME	05.05.05.05				4	195	12			X -	1-74
		SANG C. DOH, M.D	./1600 CRA	AIN HIG	27) (Type) HWAY	, SW,	#2	206/0	LEN	BURN	IE, MA	RYLAN	ND 2	1061

(148)

	FOR
1	STATE
•	REGISTRAR

	1 - STATE REGISTRAR	SINIE UP MANTE	CERTIF	ICATE OF	DEATH	MENIAL HYGIEN REG. NO.	Ŀ		
	1. DECEDENT'S NAME (First, Middle, Last)		-			2. DATE OF DEATH			3. TIME OF DEATH
	DARAH	.		HRISTO	PHER	AUGUST		SYEAR	2211 M
	ALA ULA TILAL	parameter 1	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	1	8. BIRTHP Country)	LACE (State or Foreign
	2,10 10 .12,	1 - M 2 DF)	YRS.	MORTHS DAYS	HOURS MIN.	01-31-19	44	000,111,7)	MD.
	9a. FACILITY NAME (If not institution, give street	et and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COU	NTY OF DE	ATH
5	PENINSULA REGIO	NAL MEDICAL	CENTER	SALI	SBURY		7	VICOM:	ICO
<u>ត</u> ្ត	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION				10d, INSIDE CITY
DIRECTOR	MD SO	MERSET		incess	4				LIMITS?
	10e, STREET AND NUMBER		1617		I. ZIP CODE		10g, CITI	_	AAT COUNTRY?
FUNERAL	275 PA BOX				2185	3		115	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I				NIC ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian,
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES			S 2 NO Specific	n, Puerto Rican, etc.)		Specify	White, etc. Black
	15. DECEDENT'S EDUCA (Specify only highest grade co		16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BUS	SINESS/INC	DUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us		ost of working		1		
절	16 TH		LAE	DRER		100	HRY		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				A 8	ME (First, Middle, Maiden	Sumame)		
BE	LEGNARD WATER	5 JR.			MAMM	E HUTT			
2	19a. INFORMANT'S NAME (Type/Print)	+aphER	196. MAILING	ADDRESS (Street	Peince	Route Number, City or Tow	n, State, Zip		853.
	20s. METHOD OF DISPOSITION 1 O'Buriel 2 Cremetion 3 Remov	200	D. PLACE AND DATE O				CATION —	City or Tow	n, Steta
	4 Donation 5 Other (Specify)		MARY OF OUR		TIME CE	THE WE	21 1	ON	
	30639 Hampoen AVE ANTEN E. WARD F. H							wald F. H.	
	23. PARTA. Enter the diseases, or co	mplications that cause	d the death. Do n		c35 Anne			rest,	Approximate
ł	shock, or heart fallure. List	and the second second							Interval Between Onset and Death
1	disesse or condition resulting in death) a.	REIN'S	ectoru	1 Az	rest.				
		DUE TO (OR AS	A CONSEQUENCE OF	h :					
z I	Sequantially list conditions, b.	RESPIE DUE TO (OR AS ANOTE	c Er	UCEP	Halopa	THY,			
Ĕ	If any, laading to immediata cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF	F):					
CERTIFICATION	CAUSE (Disesse or Injury C.		TYSIC	FI.					
	that initiated events resulting in death) LAST	(,					j
뜅	0.								+
SAL SAL	PART II. Other significant conditions	/		in the underlyin	g cause given in	Part I. 24s. WAS AN PERFOR			WERE AUTOPSY FINDINGS
	Cérrhosia	OF	NUEVI			1 _ YES 2	□ NO		COMPLETION OF CAUSE DF DEATH?
₩	DID TODA CCO HICE CO								1 Tes 2 No
ž	DID TOBACCO USE CO	DAIKIBUTE TO	CAUSE OF		ES NC				
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Ch	eck only one)			
PHYSICIAN: MED	1 YES 2 NO	Inpetient 2 ER/Out	patient 3 DOA	4 - Nursing Hon		8 Other (Specify)			
	Natural 5 Pending	(Month, Day, Year)		URY WO	JURY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OC	CURED	
à	2 Accident Investigation 3 Suicide & Could get be	28s. PLACE OF INJURY	/ — At home, form is		_	28f. LOCATION (Street)	and Alumbus	on Burnt On	and March and
COMPLETED	4 Homicide 8 Could not be determined	building, etc. (Spe	cify)		T	City or Town, State)	ino monipa	or rearen no	ute number,
풉	29a. CERTIFIER CERTIFYING PHYSICI	AN: To the best of my know	rledge, death occurre	ed at the time, date	and place, and due	to the cause(s) and mar	ner as stat	led.	
∑ O	(ne) 2 MEDICAL EXAMINER:								and manner as stated.
	290. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU				Month, Day, Year)
BE	manh mos	ondea	MD		D320	14	D &	2/11/2	74
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DI	ATH (ITEM 27) (Type,	Print)			0	-	
	31, DATE FILED (Month, Day, Year)	COMPLETED CAUSE OF DE	47 E F	SINENS	BEDR	me sal	epu	luj	MD 21801
	AUG1 6 1994 July	Charles and an							

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Tours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tiensit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

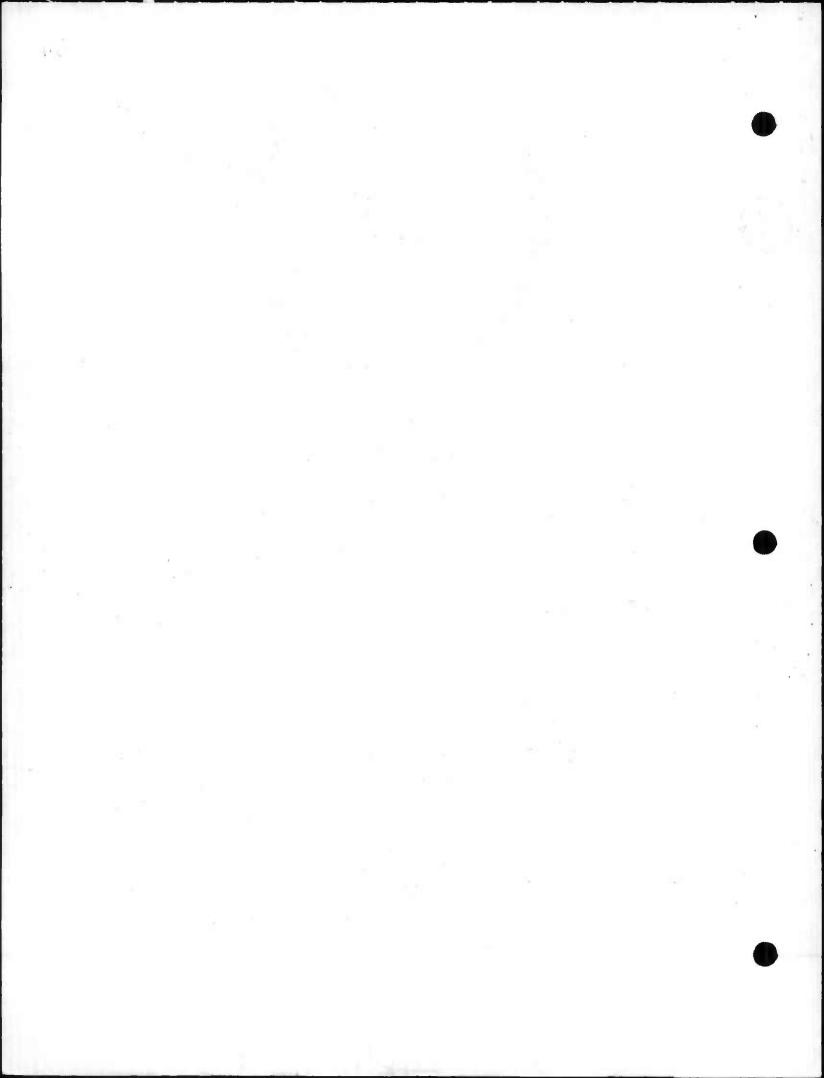
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	Z	46 P	ath v	mari
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	N	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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		PITAL	RAL 72	= 1
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		TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlaries be filed within 72 hours after death with the State Deor, of Health and Mental Hyglene prior to burlal, cremation, or removal.	Ξ

•	STATE REGISTI
,	1. DECEDENT
ĺ	Walter
	4. SOCIAL SEC
1	578-50
Ì	9a. FACILITY N
	Suburb
l	RESIDENC
ļ	10a, STATE
	Mary1a
I	10e. STREET A
	407 R
H	11. MARITAL S
И	1 Name Ma

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ME	ENTAL HYGIENE
CERTIFICATE OF DEATH	REG NO

	REGISTRAR			ERTIFIC	AIE OF	DEATH	1	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH										
	Walter Neil Coo	k						August 9,	1.20 A M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday) I	F UNDER 1 YEAR	IF UNDER 24 /		7. DATE OF BIRTH 8. BIRTHPL			IPLACE (State or Foreign
	F70 F0 20F0	1 😡 M 2 🗆 F	00		ONTHS DAYS	HOURS N	ARN.	(Month, Day, Year)		Countr	γ)
	578-50-3959	Λ	89					ct. 24,			
~	9a. FACILITY NAME (If not institution,	,		9	b. CITY, TOWN	OR LOCATION	OF DEATH	4	9c. COUNTY OF DEATH		
9	Suburban Hospit	a1		1	Bethesd	a			Montgomery		
5	RESIDENCE OF DECEDEN								Thomegomery		
FUNERAL DIRECTOR	10s. STATE 10b. CO	DUNTY		10c. CITY, TOWN OR LOCATION							10d, INSIDE CITY LIMITS?
ā	Maryland Mon	ntgomery		Gai	thersb	hersburg					1 VES 2 NO
71	10e. STREET AND NUMBER					. ZIP CODE			10g, CIT	IZEN OF Y	VHAT COUNTRY?
2	407 Pugge 11 A	#/12				00077					
Z	407 Russell Ave		NT EVER IN U.S. AR			20877				JSA	
립	1 Never Married 2 Married	COD-07700	NIEVER IN U.S. AR	MED	13. WAS DEC	ENDENT OF H	IISPANIC (Iaxican, P	ORIGIN? (Specify Yes	or No-	14. RACE Blact	E — American Indian, k, White, atc.
B	3 X Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES			2 🔀 NO				Speci	w White
	IMMIT										
COMPLETED	15. DECEDENT'S (Specify only highest	16a. DE	CEDENT'S US	SUAL OCCUPATE ix done during mo retired.)	ON ast of working		16b. KIND OF BUS	SINESS/INI	DUSTRY		
9	Elementary/Secondary (0-12)	+}	Do NOT use n	retired.)							
교		4	Pe	Police Officer				Wash.,D.	C. P	olic	e Force
ō	17. FATHER'S NAME (First, Middle, Las	r)			18. MOTHER'S NAME (First, Middle, Maiden S						
	Walter A. Cook		Bertie Mae Gunnett								
BE	19a. INFORMANT'S NAME (Type/Print)	MAILING AT	200500 (0)								
2			1		ALLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						
	Walter Glenn Le	ewis	2.	5408 C	408 Clearwater Dr., Damascus, Maryland 2087						
	20a. METHOD OF DISPOSITION	Removal Imm State	20b. PLACE	ND DATE OF	ATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State						
	Commetter Comm										
_	21. BIGHATURE OF FUMERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DeVol Funeral Hom										Iomo
	10 East Deer Park DriveGaithersburg										
_	Much	ack ()	Gu	vac	110 Ea	st bee	r Pa	rk Drive	Jaiti	nerst	ourg, Md 20877
	23. PART I. Enter the disesses,	or complications the	et caused the de	ath. Do not	enter the mo	de of dying	, such a	s cardisc or respi	ratory an	rest,	Approximate
	ehock, or heart feliure. List only one cause on each lina. Interval Between Onset and Desth										
- 1	disease or condition										
	resulting In death) e. Subdural Hematoma 2 days										
	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially ilet conditions,	Ь									
Ĕ	if any, leading to immediate										
2	CAUSE (Disease or injury										
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
E	resulting in desth) LAST										
EDICAL	PART II. Other significent cond	litions contributing to	deeth but not r	eculting in	the underlyin	g cause give	en In Per	rt i. 24a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS
0											AVAILABLE PRIOR TO COMPLETION OF CAUSE
								1 TYES 2	M WO		OF DEATH?
Σ	N'							-			1 TES 2 NO
Z											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:				ACE OF DEAT	H (Check	only one)			
Š	1 TYPES 2 NO		☐ ER/Outpatient 3	DOA 4	THER:	e 5 🗆 Raside	ence 6 🖸	Cother (Specify)	ubur	ban	Hospital
Ŧ	27. MANNER OF DEATH	26a, DATE O		28b. TIME C	OF 28c. IN.	URY AT		d. DESCRIBE HOW I			
	1 Natural 5 Pending	1 4	Day, Year) 7. 1994	INJUR		PRK7 YES 2 💢 N	6 E	ell down	ator	20	
BY	2 X Accident Investigat 3 Suicide & Could be	28n PLACE	OF INJURY — At ho	me farm stre				It. LOCATION (Street a			Parita Mumbas
입	4 Homicide determine	n building	, atc. (Specify)		ret, tectory, orne	•		City or Town, State)			Sec. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
<u> </u>			п	ome			A	sbury Ho	ne -	Gait	hersburg
7	29a. CERTIFIER (Check only 1 CERTIFYING P	PHYSICIAN: To the best o	f my knowledga, de	ath occurred	at the time, date	and place, an	d due to t	the cause(s) and mar	ner as sta	ted.	
COMPLETED		MINER: On the beels of									and manner as stated.
2			AR			1					
-	29b. SIGNATURE AND TITLE DE CERTIFIER 29d. DATE SIGNED (Month, Day, Year)										,
	Steller 11	144	une,		en	D0709	9		At	1g. 9	9, 1994
5	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAL	SE OF DEATH TTE	27) (Type, Pr	rint)						
- 1											
	Francis C. Mayle, M.D. 10215 Fernwood Rd. #301, Bethesda, Maryland 20817										
	31. DATE FILED (Month, Day, Year)	32 /REGISTR	AR'S SIGNATURE								
	31. DATE FILED (Month, Day, Year) AUG 1 1 19	32 /REGISTR	AR'S SIGNATURE	ndell							



		FOR
1		STATE
•	_	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAG

REGISTRAR 1. DECEDENT'S NAME (First, Mid	dle, Lest)		CENTI	FICAL	E OF	DEATH	2 DATE	REG. NO		_	3. TIME OF DEATH
		Grace	Chang				MONT	TH D	AY 1.00	YEAR	8:30 P
4. SOCIAL SECURITY NUMBER	5. SEX	_	(In yrs. lest birthday) IF UNDE	R 1 YEAR	IF UNDER 24 HRS.		Just 6	199	8. BIRTHPLACE (State or I	
187-28-6688	1 M 2 Z	F	89 YRS.	MONTHS	DAYS	HOURS MIN.		th, Day, Year)	00.4	Count	try)
9a. FACILITY NAME (If not institut	ion, give street and number)	0,5	9b. CIT	Y, TOWN C	R LOCATION OF D		5,19		Penn	nsylvania
199 Rollins	Avenue, #3:	36				ckville		Montgomer			
·	COUNTY		10c, C	ITY, TOWN	OR LOCAT	ION					10d. INSIDE CITY
Maryland	Montgo	nerv	Rockville								LIMITS?
10e. STREET AND NUMBER			101. ZIP CODE					10g. CITIZEN			WHAT COUNTRY?
199 Rollins	Avenue, #3	36				20852			Uni	ted	States
11. MARITAL STATUS		DENT EVER	ER IN U.S. ARMED 13. WAS DECENOENT OF HISPANIC 15. WAS DECENOENT OF HISPANIC 16. WAS DECENOENT OF HISPANIC 17. WAS DECENOENT OF HISPANIC 18. WAS DECENOENT OF HISPANIC 19. WAS DECEN							14. RACI	E — American Indian, ik, White, atc.
1 Never Married 2 Mar 3 Widowed 4 Divorced	IE VES OI	VE WAR OR D						Hican, atc.)		Spec	
	NT'S EDUCATION		16e. DECEDENT'S USUAL OCCUPATION				16	b. KIND OF BU	SINESS/INI	DUSTRY	norun
(Specify only high	hest grade completed) College (1-4 o	W 5.4)	(Give kind o	(Give kind of work done during most of working life. Do NOT use retired.)							
12	-	, , ,	Н	Homemaker					1 Hom	e	
17. FATHER'S NAME (First, Middle	Last)			1e. MOTHER'S NAME (First, Middle, Meiden Surneme)							-
Unk	nown				Bertha Unknown						
19a. INFORMANT'S NAME (Type/F	19a. INFORMANT'S NAME (Type/Print)					I Number or Rural Route Number, City or Town, State, Zip Code)					
Doris Chang Wong 6605 Old Stage Road, Rockville, Marylan										d 20852	
20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State											
1 XBuriel 2 Cremation 3 4 Donation 5 Other (Spe		00.	metery, crematory o			Dark 0/	 L1⊟/Ω/	A Pogl	erri 1 1	0 1	Maryland
21. SIGNATURE OF FUNERAL SE	RVICE LICENSEE		I K LAWII	22.	NAME AN	D ADDRESS OF FA	CILITY E	Robert	A. P	umph	rey Funera
m.	10 V-	-		Н	ome/	Rockvill	.e, 1	inc., 3	00 W	. Mo	ntgomery A
23. PART I/Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory error.											
23. PART i/ Enter the disea shock, or heart	ses, or complic∦tions feilure. Liet only one	that cause	ed the deeth. Do	not ente	the mo	de of dying, suc	h as car	dlec or resp	fratory sr	rest,	Approximate
shock, or heart fellure. Liet only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death											
disease or condition resulting in death) s. Metastatic Colon Cancer 9 months											
OUE TO (OR AS A CONSEQUENCE OF):											
Sequentially list conditions b.											
Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
CAUSE (Disease or Injury											
thet initieted evente DUE TO (OR AS A CONSEQUENCE OF):											
resulting in desth) LAST d											
PART II. Other aignificent of	onditiona contributin	to deeth i	but not resulting	in the w	nderiving	ceuse given in	Dart i	24s. WAS AN	ALITOREY	1 245	. WERE AUTOPSY FINDINGS
		,	at not resulting	,	- doily in	Coose given in	rait i.	PERFO		240	AVAILABLE PRIOR TO
<u> </u>						1 TES 2 1 NO			4	OF DEATH?	
											1 TES 2 NO
DID TOBACCO		UTE TO	CAUSE C	F DEA	TH Y	ES NO	X C				
25. WAS CASE REFERRED TO ME EXAMINER?	HOSPITAL			OTHE		ACE OF DEATH (C)	neck only o	ne)			
1 YES 2 NO			ipetient 3 🗆 DOA			5 🎇 Realdence	6 🗆 Oth	er (Specify)			
27. MANNER OF DEATH	(Mor	th, Day, Year)		ME OF	28c. INJ WO	URY AT RK?	28d. DE	SCRIBE HOW I	NJURY OC	CURED	
1 X Netural 5 Pend 2 Accident Inves	ling itigation			м		ES 2 NO					
3 Suicide 6 Coul	d not be 28s. PLA	CE OF INJURY	Y — At home, ferm	, street, fac	tory, offic		26f. LO	CATION (Street or Town, State)	and Number	r or Rumi i	Route Number,
4 Homicide deter	mined		,				CAN	or lowit, State)			
29e. CERTIFIER (Check only XX CERTIFY)	NG PHYSICIAN: To the be	st of my know	eledon death occi	read at the	ilma data	and place, and du	to the se				
	EXAMINER: On the basis										e) and manner as stated
			1					- and piece, at			
29b. SIGNATURE AND TITLE OF	The state of the s	-	7			29c. LICENSE NU	MBER				(Month, Day, Year)
	U LA	w				D3329	3		A	ugus	t 8, 1994
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
Frederick P.				ern A	ve.,	N.W., W	lashi	ngton,	DC	200	15-2998
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE											
811010											

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Anours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perigit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4. SOCIA 9e. FACIL SAL RESID 10e. STAI 10e. STAI 1 New 17. FATHE 19e. INFO 19e. INFO 10e. IN	ATURE OF FUNERAL SERVICE LICE	1 De M 2 F For and number) & REHAB Ches 12. Was Decedent Forces? 15. If Yes, Give Was conjusted) College (1-4 or 5+) College (1-5 or 5+) Val from State	Ter Roce Ever in U.S. Al Yes 2 10 R OR DATES	THE CEPT SAME DINO NO DE CEPT SAME DINO DE CEPT SAME DINO DE CEPT SAME	SALIS TY, TOWN OR LOV 13. WAS D It yes, 1 yes, 2 USUAL OCCUPA Work done during so retired.)	HOURS MIN N OR LOCATION OF BURY, MD CATION C	MON AUG. (Mor 05) DEATH 43 PANIC ORIGINAL PUBLIC CITY:	E OF BIRTH HIT, Day, Viber O 5 INT (Specify Yor Rican, etc.)	9c. COL WI 10g. CIT	COUNTY OF D COMIC TIZEN OF V 14. RACIO Spec	10d. INSIDE COMMITS? 1 V YES 2 E—American I k, White, etc.	A a cor Foreign
9e. FACIL SAL FIESID 10e. STAI 10e. STRI 11. MARIT 1	ATURE OF FUNERAL SERVICE LICE	1 De M 2 F For and number) & REHAB Ches 12. Was Decedent Forces? 15. FYES, GIVE WA ATION completed) College (1-4 or 5+) Val from State	TENTER TENTER LEVER IN U.S. AI VES 2 10 ROOR DATES 168. DI 158. DI 1	THE CEPT SAME DINO NO DE CEPT SAME DINO DE CEPT SAME DINO DE CEPT SAME	9b. CITY, TOWN SALIS TY, TOWN OR LOC IS WAS D It yes, I U Y U SUBJAC OCCUPA Work done during se retired.)	HOURS MIN N OR LOCATION OF BURY, MD CATION C	7. DATI (Mor 05) DEATH PANIC ORIGINAL PURITY (Mor 05)	E OF BIRTH 1th, Day, Year)	9c. COL WI 10g. CIT	COUNTY OF D COMIC TIZEN OF V 14. RACIO Spec	PLACE (State or y) PLACE	CK
9e. FACIL SAL FIESID 10e. STAI 10e. STRI 11. MARIT 1	ATURE OF FUNERAL SERVICE LICE	1 De M 2 F For and number) & REHAB Ches 12. Was Decedent Forces? 15. FYES, GIVE WA ATION completed) College (1-4 or 5+) Val from State	TENTER TENTER LEVER IN U.S. AI VES 2 10 ROOR DATES 168. DI 158. DI 1	THE CEPT SAME DINO NO DE CEPT SAME DINO DE CEPT SAME DINO DE CEPT SAME	9b. CITY, TOWN SALIS TY, TOWN OR LOC IS WAS D It yes, I U Y U SUBJAC OCCUPA Work done during se retired.)	HOURS MIN N OR LOCATION OF BURY, MD CATION C	Mod 05 DEATH 43 PANIC ORIGINAL PURITY:	IN? (Specify Your Pican, etc.) How KIND OF BU	9c. COL WI. 10g. CIT	COUNTY OF D COMIC TIZEN OF V 14. RACIO Spec	10d. INSIDE COMMITS? 1 IV YES 2 WHAT COUNTRY 5. 1. White, etc.	ONO NO Y? Indian,
SAL RESID 10e. STAI 10e. STAI 11. MARII 1	TSBURY NURSING ENCE OF DECEDENT TE 10b, COUNTY TO 10b, COUNTY TO 10b, COUNTY TO 10b, COUNTY TO 10b, COUNTY TO 10b, COUNTY TO 10b, COUNTY TO 10b, COUNTY TAL STATUS FOR Married 2 Married Sowed 4 Divorced 15. DECEDENT'S EDUC. (Specify only highest grade of entary/Secondary (0-12) TR Q 4 Divorced TR Q 4 Divorced TR Q 4 Divorced TR Q 6 Divorced TR Q 6 Divorced TR Q 6 Divorced TR Q 6 Divorced TR Q 6 Divorced TR Q 7 Divorced TR Q 6 Divorced TR Q 7 Divorced TR Q 8 Divorced TR Q 8 Divorced TR Q 9 Divorced T	& REHAB Ches 12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA ATION completed) College (1-4 or 5+) College (1-4 or 5+)	Ter Roce Ever in U.S. Al Yes 2 10 R OR DATES	10c. CIT	SALIS TY, TOWN OR LOV 13. WAS D It yes, 1 yes, 2 USUAL OCCUPA Work done during so retired.)	BURY, MD CATION OCK 101, ZIP CODE CECENDENT OF HIS Specify Cyben, Mer ES 2 IP NO Spec TION most of working	PANIC ORIGINAL PRINCE ORIGINA PRINCE ORIGINA PRINCE ORIGINA PRINCE ORIGINA PRINCE ORIGINA PRINCE ORIGINA PRINC	IN? (Specify Your Pican, etc.) Ho. KIND OF BU	9c. COL WI. 10g. CIT	TIZEN OF V	10d. INSIDE COMMITS? 1 M YES 2 WHAT COUNTRY 5 E—American I K, White, etc.	Indian,
11. MARITI 1 Nev 3 Wid 17. FATHE 20e. MET 1 Meritine Mer	ENCE OF DECEDENT TE 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10c. COUNTY 10c. COUNTY 11c. COUNTY 15c. DECEDENT'S EDUC. (Specify only highest grade of contarry/Secondary (0-12) 17c. County 17c. Cou	Ches 12. Was Decedent FORCES? 1 FYES, GIVE WA ATION College (1-4 or 5+) College (1-4 or 5+) Val from State	Ter Roce Ever in U.S. Al Yes 2 10 R OR DATES	10c. CIT	13. WAS D It yes, I U Y V I U SUAL OCCUPA work done during so retired.)	ECENDENT OF HISI Specify Cyden, Men ES 2 [M NO Specific Specify Cyden, Men ES 2 [M NO Specific Specify Cyden, Men ES 2 [M NO Specific Specify Cyden, Men ES 2 [M NO Specific Specify Cyden, Men ES 2 [M NO Specific Specifi	43 PANIC ORIGINATION OF THE PROPERTY OF THE PR	Harf	10g. CM	14. RACI Spec	10d. INSIDE COMMITS? 1 V YES 2 WHAT COUNTRY — American I k, White, etc.	Indian,
11. MARITI 1 Nev 3 Wid 17. FATHE 20e. MET 1 Meritine Mer	DOR SEET AND NUMBER SKEET SKEET TAL STATUS FOR Married 2 Married Sowed 4 Divorced 15. DECEDENT'S EDUC. (Specify only highest grade of the contary/Secondary (0-12) ROJE PRIMANE'S NAME (First, Middle, Lest) OPIMANE'S NAME (First, Middle, Lest) OPIMANE'S NAME (Type/Print) ONCES THOD OF DISPOSITION 101 2 Cremation 3 Remonation 6 Other (Specify) ATURE OF FUNERAL SERVICE LICE	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAS ATION Corriboted) College (1-4 or 5+) College (1-5 or 5+)	ROOF EVER IN U.S. AI	BMED NO SECEDENT'S GAVE kind of a. Do NOT u. La	13. WAS D It yes, 1 yes, 2 USUAL OCCUPA work done during so retired.)	ECENDENT OF HIS specify Cuben, Men ES 2 IV NO Spec TION most of working	idean, Puerto	Harf	USINESS/IN	14. RACI Black Spec	WHAIT S? 1 W YES 2 WHAIT COUNTRY 5 E— American I K, White, etc.	Indian,
3 Wild Signal Si	EET AND NUMBER SKERT TAL STATUS rer Married 2 Married slowed 4 Divorced 15. DECEDENT'S EDUC. (Specify only highest grade of contarry/Secondary (0-12) RQAC (A DRIMANZ'S NAME (First, Middle, Lest) ORMANZ'S NAME (First, Middle, Lest) ORMANZ'S NAME (Type/Print) Q NCCS INOD OF DISPOSITION 101 2 Cremation 3 Remonation 6 Other (Specify) ATURE OF FUNERAL SERVICE LICE	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAS ATION Corriboted) College (1-4 or 5+) College (1-5 or 5+)	ROOF EVER IN U.S. AI	ECEDENT'S Give kind of a Do NOT us La	13. Was D It yes, I USUAL OCCUPA work done during so retired.)	2 / 6 ECENDENT OF HIS specify Cyban, Mex ES 2 D NO Spe TION most of working	idean, Puerto	Harf	USINESS/IN	14. RACI Black Spec	E - American I k, White, etc.	Indian,
3 Wild Signal Si	TAL STATUS rer Married 2 Married soewed 4 Divorced 15. DECEDENT'S EDUC. (Specify only highest grade of entary/Secondary (0-12) RQAL. GRI'S NAME (First, Middle, Last) DRIMANE'S NAME (Type/Print) Q NCCS THOD OF DISPOSITION 101 2 Cremation 3 Remonation 6 Other (Specify) ATURE OF FUNERAL SERVICE LICE	FORCES? 1 [IF YES, GIVE WAA ATION completed) College (1-4 or 5+) Val from State	YES 2 ROR DATES	ECEDENT'S Give kind of a Do NOT us La	It yes, 1 Y USUAL OCCUPA work done during so retired.)	specify Cyban, Men ES 2 IF NO Spe TION most of working	idean, Puerto	Harf	JSINESS/IN	Spec	k, White, etc.	cK
3 Wild State of the state of th	15. DECEDENT'S EDUC. (Specify only highest grade of enterprisecondary (0-12) RQAC (ACC) PRIS NAME (First, Middle, Lest) ORMANZ'S NAME (Type/Print) Q NCCS INOD OF DISPOSITION let 2 Cremation 3 Remonation 6 Other (Specify) ATURE OF FUNERAL SERVICE LICE	College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+)	18a. Di (((((((((((((((((((La	b o Re	TION most of working	10	Harf	eR	DUSTRY	131a	CK.
19a, INFO 20a, MET 1 W Burl 4 □ Don	(Specify only highest grade of entary/Secondary (0-12) ROJE (SPECIAL MICHAEL LEST) ROMANE NAME (First, Michael Lest) ROMANE NAME (Type/Print) ROD OF DISPOSITION 101 2 Cremation 3 Remonation 6 Other (Specify) ATURE OF FUNERAL SERVICE LICE	College (1-4 or 5+) College (1-4 or 5+) Vil So	1/i N S	La	bork done during	most of working	1	Harf	eR	1	atema	NC
19a, INFO 20a, MET 1 W Burl 4 □ Don	PROJECT OF DISPOSITION 181 2 Cremation 6 Other (Specify)	CO/ Wilso	lins N 8	5			NAME (First,			+ 60	iteMa	NC
19a, INFO 20a, MET 1 W Burl 4 □ Don	PRIMANES NAME (Type/Print) A NCCS THOD OF DISPOSITION tel 2 Cremation 3 Remonation 6 Other (Specify) ATUBE OF FUNERAL SERVICE LICE		N		ADDRESS (See	18. MOTHER'S	NAME (First,	, Middle, Maide	Surname)	111		
20a. MET 1 M Burt 4 Don	MOD OF DISPOSITION tel 2 Cremation 3 Removation 6 Other (Specify) ATURE OF FUNERAL SERVICE LICE		N		ADDRESS (Street	E 10	· III		1.0	111.	NS	
20s. MET 1 M Burt 4 Don	HOD OF DISPOSITION tel 2 Cremation 3 Remonantion 6 Other (Specify) ATURE OF FUNERAL SERVICE LICE			() A A	1)' 1	t and Number or Ru	al Route Au	mber, City or To	wn, State, Zi	ip Code)	1 2	1/ 1:
4 🗆 Don	ATURE OF FUNERAL SERVICE LICE				OF DISPOSITION	Name of	Can	TE 20c. L	OCATION -	City or To	own, State	161
•	A A A	NSEE	cemetery, cn	ematory or of	Rd.	CeMeter AND ADDRESS OF		13 C	huki	ch	CReek	, Mc
	Janelle	c. De	muy)			NRY FI	INEK		HOM		br:do	M
23. PAR	T /Enter the diseases, or co	emplications that	ceused the d	eath. Do i	not enter the r	node of dying, s	uch as ca	rdlec or real	piretory a	rest,	Approx	
disease	IATE CAUSE (Final or condition	Pa		,								and Deat
reaultin	ng In death) a	DUE TO (OR AS A CONSE	OUENCE O	P):	0	1-4	11	1			7:5
	ntially list conditions, leading to immediate	DUE TO (OR AS A CONSE	OVENCE O	1+1+e	ser.	1015	2011	ins	cin	3	
CAUSE	Enter UNDERLYING (Disease or Injury tlated events	DUE TO (OR ASA CONSE	TENCE O	-51 /V			-				
resultin	g In death) LAST	C	14F									
	Other algnificant conditions	contributing to c	death but not	resulting	In the underly	ing cause given	in Part I.	24a. WAS A	N AUTOPSY	24b	. WERE AUTOPS AVAILABLE PRI	
PART II	GT						_	1 TYES	2 NO		OF DEATH?	OF CAUSE
								v			1 YES 2	_ NO
EXAM		HOSPITAL:	ED/Outpetient	2 🗆 004	OTHER:	PLACE OF DEATH						
27. MANN	IER OF DEATH	26s. DATE OF II (Month, Day	NJURY	28b. TIM	1E OF 28c. I	ome 6 Resident	_	ESCRIBE HOW	INJURY OC	CURED		
2 0	Accident Investigation	28e. PLACE OF	INJURY — At h	ome, farm,	M 1 street, factory, of	YES 2 NO	281, LO	CATION (Street	and Numbe	or Rural i	Poute Number	
4 🗆 t	Homicide a Could not be determined	building, a	nc. (Specify)				Cit	y or Town, State)			
29a. CERT (Chec one)	ck only 2 MEDICAL EXAMINER										a) and manner (an stated.
29b. SIGN	NATURE AND TITLE OF CERTIFIER					29c. LICENSE I				-	Vitationin Days W	
30. NAME	E AND ADDRESS OF PERSON WHO	mo				D-3981	.3		>	8/9	7/94	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

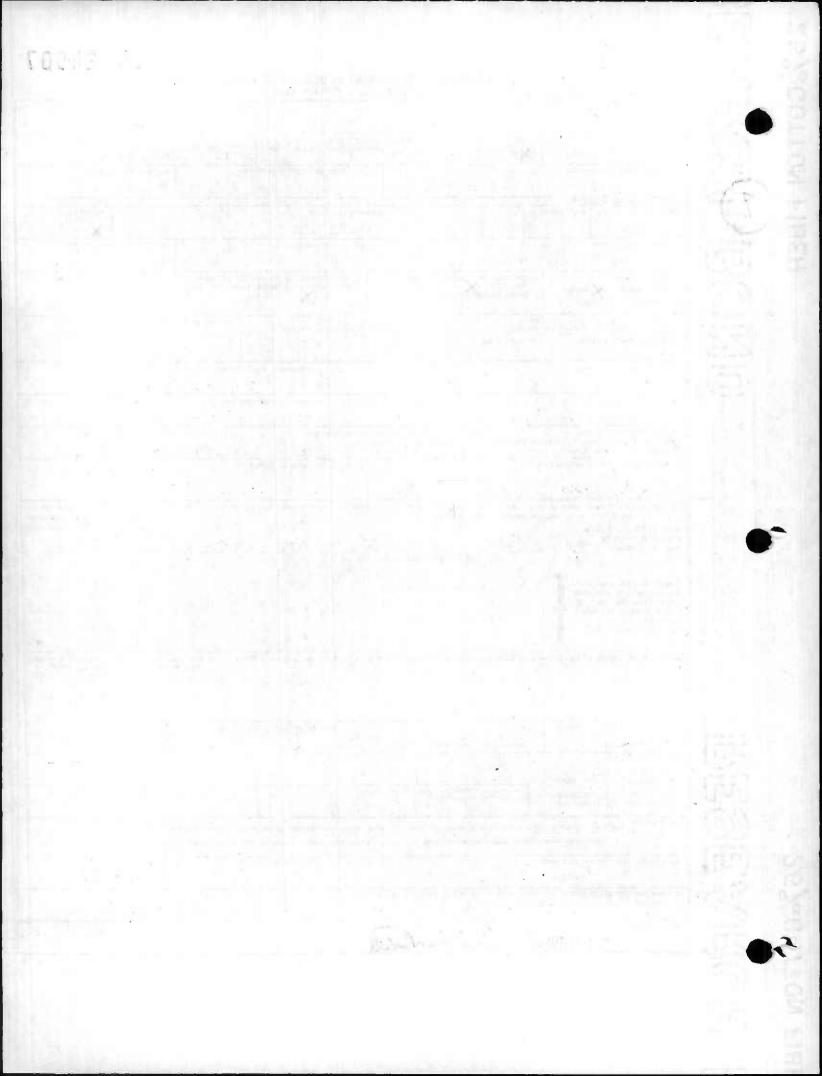
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020 rous after death. Page 6 may be retained by the hospital or attending physician.

00011 LICATOR DE LA TENE Letter to the second of the second of the second An an in the last that the las

ALTIMORE, MARYLAND 21215-0020	eath. Page 6 may be retained by the hospital or attending physician.	funeral direction, page 5 should be detached for use as the burial-transit permittee 1, 2, and	caminer must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 68760	ITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physicials.	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely illed in by the funeral director, page 5 should be detached for use as the burial-transit permit Power 1.2 and 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

- REGISTRAR		CERTI	FICATE	OF DEATH		REG. NO.						
1. DECEDENT'S NAME (First, Middle, Last)			HT.			OF DEATH		WE SE	3. TIME OF DEATH			
	WILLIAM	F.	CUMM	IINGS	Augu		1994	YEAR	1:20 A			
4. SOCIAL SECURITY NUMBER 236-24-9776	5. SEX 6	AGE (In yrs. last birthday		YEAR IF UNDER 24 HRS. DAYS HOURS MIN,	7. DATE	OF BIRTH		a. BIRTH	PLACE (State or Foreign Virginia			
8s. FACILITY NAME (If not institution, give	street and number)		9b. CITY, 1	TOWN OR LOCATION OF I	. 12,1	9c. COUNTY OF DEATH						
14417 Moti	er Stati	on Rd.		Rocky Ridg			2	deri				
10a. STATE 10b. COUNT	Υ	10c, C	10c, CITY, TOWN OR LOCATION					10d. INS				
Maryland	Frederic	k	Rocky Ridge					1 YES 2 NO				
14417 Motte	er Station								States			
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAF	YES 2 NO	ES 2 NO If yes, specify Cult R DATES 1 YES 2 N			uban, Maxican, Puarto Rican, etc.)			14. RACE — American Indian, Bleck, Whita, etc. Specify: White			
15. DECEDENT'S EDI	JCATION	16a. DECEOENT		16b	, KIND OF BUS	SINESS/INDI	USTRY					
(Specify only highest grad	Give kind of the Do NOT Super	use retired.)	ring most of working	,,,	.S. Go	NI O Y N	nont					
17. FATHER'S NAME (First, Middle, Last)		Duper	VISOI	Henre								
Fred	Clay	Cummings	18. MOTHER'S NAME (First, Middle, Maiden Surname) Ida Louise DeLaMater									
19a. INFORMANT'S NAME (Type/Print)			ummings Ida Louise DelaMater 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
Mary Ellen Cummings 14417 Motter Station Rd./Rocky Ridge, M								MA 21778				
204, METHOD OF DISPOSITION		20b. PLACE ANO DAT				CATION —						
1) Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	Restha	ven Me	morial	8-9	Fred	lerick	. M:	aryland			
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	1		AME AND ADDRESS OF F					1 Home			
* Incornel	Peler	en	10	4 E. Main					1 Home 21788			
iMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Due to consequence of): Sequentially list conditions,												
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST												
PART ii. Other significant condition	ns contributing to de	eath but not requiting	n in the und	adving cause given is	n Part I	24- WAC AN	AllWorev	245	WERE ALITOROV PRINTING			
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO							140,	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL												
EXAMINER?	HOSPITAL:	T	OTHER:									
1 VES 2 NO 27. MANNER OF DEATH	1 inpatient 2 is E	R/Outpatient 3 DOA	-	ng Home 5 Residence	7							
1/ Natural 5 Pending Investigation	(Month, Day.		ME OF 2 NJURY M	BC. INJURY AT WORK? 1 YES 2 NO	28d. DE	SCRIBE HOW I	NJURY OCC	URED				
3 Suicide 6 Could not be datermined	28s. PLACE OF building, et	INJURY — At home, farm c. (Specify)	n, atreet, factor	y, office	28f. LOC City	ATION (Street or Town, State)	and Number	or Rural R	loute Number,			
one!				ne, data and place, and du) and manner as stated.			
296. SIGNATURE AND TITLE OF CERTIFIE	Mola	ma		29c. LICENSE NO			29d. DATE	SIGNED	(Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)												
Dr. Brian M. O'	Connor / 5	01 W. 7th	St./	Frederick,	Md.	2170	1					
31. DATE FILED (Month, Day, Year)	32. REGISTRAR		-									
AUD 1 U 19	34	W. WORTEL MAN										



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	ERTIF	ICATE (OF C	DEATH	F	REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATN			3. TIME OF DEATN
	Pearl Beckwit	h Cottine						Augus	t 4 ^{DA}	19	994	11:00 Pm
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. last	t birthday)	IF UNDER 1 Y	FAR	IF UNDER 24 HRS.	7. DATE OF				PLACE (State or Foreign
	065-14-6342	1 □ M 2 🂢 F	74	YRS.	MONTHS O	MYS H	HOURS MIN.	Janua:	mr. Year)		Ne	w York
~	9e. FACILITY NAME (If not institution, give				111		LOCATION OF DE	EATH		9c. COUNTY OF DEATH		
0	301 Russell Aven	ue			Gaithersburg					Montgomery		
E	100. STATE 10b. COUN	ry		10c. CIT	Y, TOWN OR L	LOCATIO	N					10d. INSIDE CITY
E	Maryland Mont	gomery			Gaithei						- 1	LIMITS?
ار	10e. STREET AND NUMBER	50mery			altilei	_	ID CODE			40- 017	1751 05 1	1 YES 2 NO
FUNERAL DIRECTOR	301 Russell Aven	ue		20877							S.A.	THAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 7	R IN U.S.ARI	MED	13. WAS	DECEN	DENT OF HISPAN	IIC ORIGIN? (S	pecify Yee	or No —		- American Indian,
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OF								Speci	White white	
COMPLETED	15. DECEDENT'S ED			16a. DECEDENT'S USUAL OCCUPATION				16b. KII	ND OF BUS	SINESS/INI	DUSTRY	
17	(Specify only highest gred Elementary/Secondary (0-12)	(GA	(Give kind of work done during most of working life. Do NOT use retired.)									
릴		College (1-4 or 5+)	T	leach	ıer	Education					on	
S S	17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname)											
	Nathan Goddard Beckwith Martha Harvey											
BE									22371			
2	Bertram Robert Cottine 5901 Reservoir Heights Avenue Alexandria,											
ı	20e, METHOD OF DISPOSITION 20e DISPOSITION CO T											
	1 Strate 2 Cremation 3 Removal from State 4 Donetton 5 Other (Specify) Lloyd Cemetery. are alloyd completely. are alloyd completely. are alloyd completely. are alloyd completely. are alloyd completely. are alloyd completely. are alloyd completely. are alloyd completely. are alloyd completely. The specific completely completely. The specific completely. The specific completely completely. The specific completely completely. The specific completely completely. The specific completely completely completely. The specific completely completely completely. The specific completely completely completely. The specific completely completely completely completely. The specific completely complet											
1	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	птоуц	. Celli		ME AND	ADDRESS OF FAC		LITE	giitaii	id, iv	ew lork
	Michael	E.M.	Dan		Jose	eph	Gawler'	s Sons	-			Wisconsin
	23. PART I. Enter the diseeses, Dr	complications that cou-	sed the der	eth. Do r	not enter the	e mode	of dving, auci	a SIIIII	or reepl	ratory ar	reat	Approximate
	ehock, pr heart failure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Myocardial Infarction											
	reaulting in death)	DUE TO (OR A										
2		K.										j
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO (OR A	S A CONSED	UENCE OF	F):							
8	cause. Enter UNDERLYING	c.										
Ĕ I	CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):											
	resulting in death) LAST	d.										
ŭ	DADT II Oshoo slookiisaas oo dala			-								
PHYSICIAN: MEDICAL	PART II. Other significent condition Alzheimer's Der	ne contributing to deet	h but not re	asulting i	in the under	rlying c	euse given in i	Pert I. 24	PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	Alzneimer's Dei	nentia						1	YES 2	X NO		COMPLETION DF CAUSE OF DEATH?
M												1 - YES 2 X NO
ä	DID TOBACCO USE CONT	RIBUTE TO CAUSE	OF DEAT	TH YE	S 🗆 NC		UNCERTAIN	1 🗆				
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE	E OF DEAT	TH (Check only	one)						
Š	t 🗌 YES 2 🛣 NO	1 Inpatient 2 ER/O	lutpatient 3	□ DOA	OTHER:	Nome	5 X Residence	8 Other (Sc	pecify)			
£	27. MANNER OF DEATH	28e. DATE OF INJUR (Month, Day, Yea		28b. TIM	E OF 280	c. INJURY		28d. DESCRI	BE HOW IN	JURY OC	CURED	
BY	1 X Natural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	"				2 🗌 NO					
	3 Suicide 8 Could not be	28e. PLACE OF INJU building, etc. (S	JRY — At hon	me, term, a	street, tectory,	office		281. LOCATIO	N (Street e	nd Number	r or Rural R	oute Number,
	4 Homicide determined	bulleting, etc. (5	pocny)					City or io	own, Stata)			
COMPLETED	29e. CERTIFIER 1 CERTIFYING PNYS	SICIAN: To the best of my kn	owledge des	eth occum	ed at the time	dete en	d place, and due	to the source) and man		4-14	
ž.												and manner se stated
8	2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date end piace, and due to the ceuse(s) and menner se stated.											
BE	K K K K K K K K K K K K K K K K K K K	0 000	1/2	M	\wedge		9c. LICENSE NUM 07231	BER	- 1			(Month, Day, Year) 5, 1994
2	30 NAME AND ADDRESS OF PERSON WI	HO COMPLETED CALLES OF	V	11	1		07231			Au	igus c	3, 1774
1	James R. Moore,					nue	Gaither	sburg	, Mar	ylan	d 20	877
	AUG 0 9 1994	32 REGISTRAR'S SI	GNATUBE	delle								

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	YLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the construction after death. Page 6 may be retained by the hospital or attending physician.	by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted for use as the burdal-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	be detached for use as the bunal-transit
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	at once.

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAR			ERIIF	ICALE	: OF	DEA	IH .	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH		YEAR	3. TIME OF DEATN
	Bertha	Mae			Com	pto	n		Augus			TEAN	7:40 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	est birthday)	IF UNDER		IF UNDER		7. DATE OF	BIRTN		6. BIRTH	PLACE (State or Foreign
- 1	577-46-3188	1 □ M 2 😾 F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	May 2		16	Country	iana
	9s. FACILITY NAME (If not institution, give s	treet and number)	70		9b. CITY,	TOWN C	OR LOCATION	ON OF DE		,,1).		INTY OF DE	
Œ	Carriage Hill No	raina Ua			Part 1 and 1								
KI	Carriage Hill Nu	itsing no	ille		D	есп	esaa					Mont	gomery
Ä	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
5	Maryland Mo	ontgomery		Bethesda							LIMITS?		LIMITS?
닉	10e. STREET AND NUMBER	-1108011101			200		. ZIP CODI	F		10g. CITIZEN OF WHAT COUNTR			
FUNERAL DIRECTOR	5215 Cedar Lane								0814			USA	
Ž	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	BMED	T 42 W	MIS OF C	EMPENT C						
正	1 Never Married 2 Married	NO	H	yes, sp	ecify Cuba	n, Maxicai	n, Puerto Rica	n, etc.)	OF NO.		— American Indian, White, etc.		
BY	3 ☐ Wildowed 4 ☑ Divorced IF YES, GIVE WAR OR DATES 1 ☐ YES 2 ☐ NO Specify: White												
Ω	15. DECEDENT'S EQU	16a, D	ECEOENT'S	USUAL OC	CUPATIO	ON		165 KH	D OF BUS	INEGE/IN		irce	
E	(Specify only highest grade Elementary/Secondary (0-12)	- 5	Give kind of e. Do NOT us	work done d			g	100,101		MVE 33/ HVE	Dogini		
7	Liententy/Secondary (0-12)		Regis	tere	d ni	ırse		1	II.S.	Gove	ernme	nt	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)			8				UEDIO ALA				- I IIIIIC	110
	17. FATNER'S NAME (First, Middle, Lest) Jesse W. LaFara Blanche Reich												
BE	19a. INFORMANT'S NAME (Type/Print)												
2		Compton							loute Number, I				
	Martin A. (Mac) Compton 4334 Calypso Terr., Fremont, Calif. 94555												
	20e. METHOD OF DISPOSITION 1 Deutlet 2 X Cremetton 3 Removal from State 20b. PLACE AND DATE OF OISPOSITION (Name of cametery, cremetory or other place) DATE 20c. LOCATION — City or Town, State										The second second		
	4 Donation 5 Other (Specify) Metropolitan Crematory 8-4-94 Alexandria, Va.											Va.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE)											
	DeVol Funeral Home 2222 Wisconsin Ave., N.W., Wash., DC 2										C 20007		
	23. PART I. Efter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or resert failure. List only one cause on each line.												Approximate
1	sneck, or resit failure.	List only one ceus	e on each lin	e.				,		от теори	atory an	1001,	Interval Between
1	IMMEDIATE CAUSE (Final disease or condition	magni		£ - ± 1									Onset and Death
	disease or condition resulting in death) a. respiratory failure DUE TO (OR AS A CONSEQUENCE OF):												
8	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF): Severe chronic obstructive lung disease												
F	cause. Enter UNDERLYING												
윤배	CAUSE (Disease or Injury C.												
Ē	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST												
8		1											·
EDICAL CERTIFICATION	PART II. Other algnificant condition	s contributing to	deeth but not	resulting	In the und	derlying	cause g	lven in i	Part I. 24	. WAS AN		24b.	WERE AUTOPSY FINDINGS
2					, , , , , , , , , , , , , , , , , , , ,					PERFORMED?			AWAILABLE PRIOR TO COMPLETION OF CAUSE
									- ''	YES 2	1-449		OF DEATH?
Σ									-				1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL												
PHYSICIAN:	EXAMINER?	HOSPITAL:		1	OTHER	_	ACE OF DI	EATN (Che	ck only one)				
≥	1 TYES 2 TKNO 27. MANNER OF DEATN	1 Inpatient 2						sidence i	8 Other (Sp				
	1 Netural 5 Pending	28s. DATE OF I (Month, Da		28b. TIM	E OF	28c. INJI WO	RK?		28d. OEŞCRI	BE HOW IN	JURY OC	CURED	
à l	2 Accident Investigation						ES 2	NO					
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF building, a	INJURY At h	ome, farm, s	street, facto	ry, office			28f. LOCATIO	N (Street a	nd Number	r or Rural Ro	oute Number,
COMPLETED	4 Homicide determined												
2	29a. CERTIFIER (Check only	CIAN: To the best of r	ny knowledge, d	eath occum	ed at the tin	ne, data	and place.	and due	to the cause(s) and man	ner as stat	ted.	
<u> </u>	one) 2 MEDICAL EXAMINE												and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIES			- 7.5									
HE I	English I	L	4 6					NSE NUM	BER				Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	4 access	MY	/			D432	.72			F	augus	t 4,1994
	Sunita Hanjura,	M. D., 80	09 Vier	s Mil	.1 Rd	, Ro	ckvi	11e,	MD.	2085]			
II II	31. DATE FILED (Month Coay, the 1994	32 REGISTRA	Mason-1	ndelle									

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH
MARIANNA	ELIZABETH	COTTON		AUGUST 8.	1994	2105 W
4. SOCIAL SECURITY NUMBER	-		IF UNDER 1 YEAR IF UNDER 24 H			THPLACE (State or Foreign
577-36-0417	1 □ M 2 📝 F	71 YRS. M	ONTHS DAYS HOURS M	IN. (Month, Day, Year)	Cou	ntry)
De. FACILITY NAME (If not institution, give	11	-	N OUT TOWN OF LOCATION	January 13	1928 Ma	
			Db. CITY, TOWN OR LOCATION	OF DEATH	9c. COUNTY OF	DEATH
	Medical Cen	ter	Annapolis		Anne Ar	undel
RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	TY	10c CITY	TOWN OR LOCATION			10d, INSIDE CITY
						LIMITS?
aryland Ann	e Arundel	Crow	msville			1 YES 2 NO
0e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
381 Kyle Road			21	032	U.S.A	
11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED		ISPANIC ORIGIN? (Specify Yes	or No- 14. RA	CE — American Indian,
Never Married 2 Married	FORCES? 1 1		If yes, specify Cuben, M	lexican, Puerto Rican, etc.)		ick, White, etc.
3 Widowed 4 Divorced			X	peony.	Sp	
15. DECEDENT'S ED	UCATION	16a. DECEDENT'S U	SUAL OCCUPATION	16b, KIND OF BU	SINESS/INDUSTRY	White
(Specify only highest grad		(Give kind of wor	rk done during most of working			
Elementary/Secondary (0-12)	College (1-4 or 5 +)					
		Accounta			vernment	
7. FATHER'S NAME (First, Middle, Last)			16. MOTHER	'S NAME (First, Middle, Maiden	Surname)	
Paul J.	Leverone		Anna	Gerlac	h	
Da. INFORMANT'S NAME (Type/Print)		196. MAILING A	DDRESS (Street and Number or I	Rural Route Number, City or Tow	n, State, Zip Code)	
MarieLaine E.	Mowell	4502 G	lasgow Drive	Rockville	Marulan	4 20853
0a. METHOD OF DISPOSITION		20b. PLACE AND DATE OF			CATION — City or	
Burial 2 Cremation 3 Rei	moval from State	compton, gramaton, or other	a alaani			
1. SIGNATURE OF FUNERAL SERVICE L	LOCKIOCE	Gate of Hea	ven Cemetery	8/112/94 ISi1	ver Spri	ng, Maryland
1. SIGNATURE OF FUNERAL SERVICE L	CENSEE O		FRANCIS J. CO		AT HOME	TNO
2 dames	Spara		400 INTUEDCT	TY BLVD., W.	AL HOME,	INC.
23. PART I, Enter the diseases, or						Approximate
disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	AS A CONSEQUENCE OF):		mu of	LUND	- 6 ma
that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF):				
PART II. Other algorificant condition Chapter	one contributing to dee	ruc/IV	the underlying/cause give	n In Part I. 24e. WAS AN PERFO	RMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
T 1110 0107 07770070 TO 11501011						
15. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, PLACE OF DEAT	H (Check only one)		
1 TES 2 NO	1 Dimpatient 2 ER		□ Nursing Home 5 □ Reside	ence 6 🗆 Other (Specify)		
7. MANNER OF DEATH	26a. DATE OF INJU (Month, Day, Ye			26d. DEŞCRIBE HOW	NJURY OCCURED	
1 Natural 6 Pending			M 1 YES 2 N	0		
2 Dévisite	26a, PLACE OF IN.	JURY — Al home, farm, atr	eet, factory, office	26f. LOCATION (Street	and Number or Burn	I Boute Number
4 Homicide 6 Could not be determined	building, atc.	(Specify)		City or Town, State)	riodie riamosi,
onel			at the time, data end place, en			
One) 2 MEDICAL EXAMIN	IER: On the basis of examin	nation and/or investigation,	In my opinion, death occured a	nt the Ilme, date and place, as	nd due to the cause	e(s) and manner as stated.
196. SIGNATURE AND TITLE OF CERTIFI	ER)		29c. LICENS	E NUMBER	29d, DATE SIGNI	ED (Month, Day, Year)
6/10-1	10	111	0 01	CIENCE	110	X1116 6
11011		cecen	1 11	0701	10	1419 6
O. NAME AND ADDRESS OF PERSON W	HU SMIPLETEL CABLE OF	F DEATH (ITEM 27) (Type-P	Tint)			
1. DATE FILED (Month, Day, Year)	20 050/070 151	DION ATTIO				
AUG 1 2 1994	32. REGISTRAR'S	-Aandell				
AUG 1 6 1334	2 directional action	-Nathana				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

30

Amended # 17, 8/11/94 MRT Montgomery County MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATE C	F DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH DAY YE			3. TIME OF DEATH
	ABILIO		ORTEZ		CHA	VEZ		must 8		994	0200 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEA		T DATE	OF BURTH		8. BIRTH	PLACE (State or Foreign
	None	1 💢 M 2 🗆 F	34	YRS.	MONTHS DAY	8 HOURS MIN.	Feb	m, Day, Year) 28,	1960	HO	nduras
- 1	9s. FACILITY NAME (If not institution, give st	treet and number)			96. CITY, TOW	N OR LOCATION OF O				NTY OF D	
R	1450 Kanawha Ct	root			T						
5	1450 Kanawha St					ley Park		Montgomery			
DIRECTOR	10a. STATE 10b. COUNTY			127.0	Y, TOWN OR LO						10d. INSIDE CITY LIMITS?
		e George	'S	La	ingley	Park					1 YES 2 X NO
¥	10e. STREET AND NUMBER							10g. CIT	IZEN OF W	VHAT COUNTRY?	
ÿ	7909 14th Avenue					20783			Hor	idura	S
FUNERAL	11. MARITAL STATUS Never Married 2 Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARI	MEO	13. WAS	DECENDENT OF HISPA specify Cuban, Maxico	NIC ORIGIN? (Specify Yea or No— 14, RA			14. RACE Black	— American Indian, , White, atc.
B	3 Widowed 4 Divorced	1 (X YES 2 \(\) NO Specify: Honduran				,		Specia	hite		
	15. DECEDENT'S EDUC	CATION	16a DE	CEDENTIS	USUAL OCCUP		1 401	. KIND OF BUS	- I		птсе
	(Specify only highest grade Elementary/Secondary (8-12)		(Gi	ve kind of a	work done during	most of working	100	I. KIND OF BUS	SINE 35/INL	JUSTHY	
7	C C	· .	life. Do NOT use retired.)				`ononol	Con	0+2011	otion	
COMPLETED	6 Jaborer General Construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surgeme)									CCTOH	
Ö	Mariano Chavez Ortez Elvia Chavez									1	
H	19s. INFORMANT'S NAME (Type/Print)	01 002	198	MAILING	ADDRESS (Street	et and Number or Rural			a Otata Tie	Code	
임	Telbina Ortez Cha	vez	1	503							34205-6273
	20s. METHOO OF DISPOSITION										
	208. METHOO OF DISPOSITION 1 XBurlel 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify) Other (Specify) Donation 5 Other (Specify) Other (Specify										
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1	001101	22. NAME	ANO ADDRESS OF FA	CILITY				Car Carscondi
	> Elen U	x/ /~	1 2 2 2			Funeral					
	Co-Cok 7	(V, /	apy		933	Gist Aven	ue,	Silver	Spr:	ing,	MD 20910
	23. PART I. Enter the diseases, or o shock, or heart failure.	Liet only one cau	t caused the de- lee on each line.	eth. Do r	ot enter the	mode of dying, aud	ch as can	dlec or reepi	ratory an	reet,	Approximate interval Between
	disease or condition GINCHOT WILLIAMS TO HEAD I FET ARM										
	resulting in death) - e. (GUNSHU) WUWNVS 10 HEAV & LEFT ARM										
_	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditione, oue TO (OR AS A CONSEQUENCE OF):										
AT	if any, leading to immediate cause. Enter UNDERLYING										
띮	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):										
E	that initiated events resulting in death) LAST										
							-				
DICAL	PART II. Other eignificent condition	e contributing to	deeth but not re	sulting	in the underly	ring ceuse given in	Part i.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
O 11								1 VYES 2	- 332		COMPLETION OF CAUSE
ā											OF DEATH?
MEDI									□ NO		OF DEATH? 1 NES 2 NO
IN: MEDI	DID TOBACCO USE CONTR	RIBUTE TO CA					N 🗆		<u></u> ⊢ №0		
ICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	RIBUTE TO CA			TH (Check only o		N 🗆		□ NO		
YSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO	HOSPITAL:	26. PLAC	DOA	OTHER: 4 Nursing H	lome 5 Rasidenca	6X W≀the	er (Specify)	at s		1 NES 2 □ NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 28s. DATE OF	26. PLAC ER/Outpatient 3	DOA 28b. TIM	OTHER: 4 Nursing H E OF 28c.	lome 5 Rasidenca INJURY AT WORK?	6X W≀the		at s		1 NES 2 □ NO
BY PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 28s. DATE OF (Month, D. S. S. S. S. S. S. S. S. S. S. S. S. S.	26. PLACI ER/Outpetient 3 INJURY ay, (bar)	DOA 28b. TIM INJ	OTHER: 4 Nursing H E OF URY 1	lome 5 Rasidenca INJURY AT WORK? YES 2 NO	6X Mithe 28d. DE: SW	H (Specify) SCRIBE HOW III	at s	CURED	1 NES 2 NO
BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 TYPES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be	HOSPITAL: 1 Inpetient 2 28s. DATE OF (Month, D. S. S. S. S. S. S. S. PLACE O	26. PLACI ER/Outpatient 3 INJURY ay, Year) F INJURY — A1 hor atc. (Specify)	DOA 28b. TIM INJ 12: 14	OTHER: 4 Nursing E OF URY M 1 [stree1, factory, o	iome 5 Rasidenca INJURY AT WORK? YES 2 NO	6X Without 28d. DE:	N (Specify) SCRIBE HOW II BJEG ATION (Street s or Town, State)	at s	CURED	1 NES 2 NO e
BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 28s. DATE OF (Month, D. S. S. S. S. S. S. S. PLACE O	26. PLACI ER/Outpetient 3 INJURY ay, 'ber' PA FINJURY — At hor	DOA 28b. TIM INJ 12: 14	OTHER: 4 Nursing H E OF URY 1	iome 5 Rasidenca INJURY AT WORK? YES 2 NO	6X 1\(\) the 28d. DE:	H (Specify) SCRIBE HOW II BJEG CATION (Street s or Town, State)	at s	CURED	1 Nes 2 No
BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpettent 2 28s. DATE OF (Month, 8) 28s. PLACE Of building,	28. PLACI ER/Outpetient 3 INJURY ay, Year) FINJURY — A1 hor etc. (Specify) my knowledge, dar	DOA 28b. TIM INJ 12: V me, ferm, s	TH (Check only of OTHER: 4 Nursing HEOF 28c. URY 1 [street, factory, of BULD /	iome 5 Rasidenca INJURY AT WORK? YES 2 NO Hica NG	6X Nother 28d. DE: 281. LOC City 14-SO	BJEG ATION (Street a or Town, State) Lack (Street a or Town, State) Lack (Street a or Town, State) Lack (Street a or Town, State) Lack (Street a or Town, State)	at s	or Aural A	e Oute Number, MP ANGULY PARK
BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 TYPES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined	HOSPITAL: 1 Inpettent 2 28s. DATE OF (Month, 8) 28s. PLACE Of building,	28. PLACI ER/Outpetient 3 INJURY ay, Year) FINJURY — A1 hor etc. (Specify) my knowledge, dar	DOA 28b. TIM INJ 12: V me, ferm, s	TH (Check only of OTHER: 4 Nursing HEOF 28c. URY 1 [street, factory, of BULD /	iome 5 Rasidenca INJURY AT WORK? YES 2 NO Hica NG	6X Nother 28d. DE: 281. LOC City 14-SO	BJEG ATION (Street a or Town, State) Lack (Street a or Town, State) Lack (Street a or Town, State) Lack (Street a or Town, State) Lack (Street a or Town, State)	at s	or Aural A	e Oute Number, MP ANGULY PARK
COMPLETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpettent 2 28s. DATE OF (Month, 8) 28s. PLACE Of building,	28. PLACI ER/Outpetient 3 INJURY ay, Year) FINJURY — A1 hor etc. (Specify) my knowledge, dar	DOA 28b. TIM INJ 12: V me, ferm, s	TH (Check only of OTHER: 4 Nursing HEOF 28c. URY 1 [street, factory, of BULD /	iome 5 Rasidenca INJURY AT WORK? YES 2 NO Hica NG	eX Wither 28d, DE: 28d, DE: 28t, LOC City 14-50	BJEG ATION (Street a or Town, State) Lack (Street a or Town, State) Lack (Street a or Town, State) Lack (Street a or Town, State) Lack (Street a or Town, State)	at s	or Rural R	e Oute Number, MP ANGULY PARK
BE COMPLETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpettent 2 28s. DATE OF (Month, 8) 28s. PLACE Of building,	28. PLACI ER/Outpetient 3 INJURY ay, Year) FINJURY — A1 hor etc. (Specify) my knowledge, dar	DOA 28b. TIM INJ 12: V me, ferm, s	TH (Check only of OTHER: 4 Nursing HEOF 28c. URY 1 [street, factory, of BULD /	Injury AT WORK? YES 2 NO ffica No desth occured at the	eX Mithe 28d, DE: 28f, LOC City 14-50 I to the care time, data	BJEG ATION (Street a or Town, State) Lack (Street a or Town, State) Lack (Street a or Town, State) Lack (Street a or Town, State) Lack (Street a or Town, State)	at s	or Rural R	e bute Number, MP ANGUEY PARK and manner as stated. (Morett, Dag; Year)
COMPLETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatiant 2 28s. DATE OF (Month, B. 3 S 28s. PLACE Of building. CIAN: To the best of as	28. PLACI ER/Outpetient 3 INJURY ay, Year) FINJURY — At hor atc. (Specify) my knowledge, das segmention and/or in	E OF OEAT DOA 28b. TIM INI 12: 4 me, ferm, s with occurrence stigation	TH (Check only of OTHER: 4 Nursing E OF 28c. URY 1 Intreel, factory, of BULD / but at the 11ms, don, in my opinion	Iome 5 Rasidenca INJURY AT WORK? YES 2 NO Iffica Idea and place, and due In, death occured at the	eX Mithe 28d, DE: 28f, LOC City 14-50 I to the care time, data	BJEG ATION (Street a or Town, State) Lack (Street a or Town, State) Lack (Street a or Town, State) Lack (Street a or Town, State) Lack (Street a or Town, State)	at s	or Rural R	e Oute Number, MP ANG VEY PARK and manner as stated. (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatiant 2 28s. DATE OF (Month, B. 3 S 28s. PLACE Of building. CIAN: To the best of as	28. PLACI ER/Outpetient 3 INJURY ay, Year) FINJURY — At hor atc. (Specify) my knowledge, das segmention and/or in	E OF OEAT DOA 28b. TIM INJ 12. When, farm, the occurrence etigation 27) (hope,	TH (Check only of OTHER: 4 Nursing E OF URY 1 Street, factory, of BULD d at the time, d n, in my opinion	lome 5 Residence INJURY AT WORK? YES 2 NO Hilca NG lets and place, and due 1, death occured at the	eX Nother 28d. DE: SW 28f. LOC City 14-SO 1 to the case time, data	SCRIBE HOW II BJBG ATION (Street a or Town, State) VANA use(a) and man	at s	or Rural R	e bute Number, MP ANGUEY PARK and manner as stated. (Morett, Dag; Year)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR DEAN CARLSON AUGUST 6:35 1994 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year) S. BIRTNPLACE (State or Foreign DAYS Country) 1 😾 M 2 🗀 F 482-14-8354 Jan. 26, Minnesota 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF OEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR SHADY GROVE ADVENTIST HOSPITA ROCKVILLE MONTGOMERY 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Montgomerv Derwood 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7801 Potters Mill Court 20855 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yaa or No—It yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married Specify: White BY 1 TES 2 NO Specify: 3 Widowed 4 Divorced World War II COMPLETED 15. DECEOENT'S EDUCATION 18a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade General Counsel's Office College (1-4 or 5+) Elementary/Secondary (0-12) Department of Energy 5+ Chief once. 17. FATHER'S NAME (First, Middle, Lest) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Ħ Emil V. Carlson Tessie Edstrom BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lillian M. Carlson 7801 Potters Mill Court, Derwood, Maryland pe 8/8/94 Inc. 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must cometery, cremetory or other place)
Montgomery Crematorium, Bethesda, Maryland Robert AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROCKVILLE, Fumphrey Funeral Home/Rockville, Inc. 300 West Montgomery Avenue, Rockville, Maryland 20850-2805 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 0M00831 Mullandawrence bm * Barbara physician and completely filled in by the ne prior to burial, cremation, or removal. medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate shock, or heart fallure. List only one cause on each line interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in desth) Oust Injuries
OUE TO (OR AS A CONSEQUENCE OF): event, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury other y the attending physical of Mental Hygiene p OUE TO (OR AS A CONSEQUENCE OF): DIVISION OF VITAL RECORDS, P.O. that initiated events resulting in death) LAST 0 OR ATTENDING PHYSICIAN: The law requires that the death injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS signed by the AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 VYES 2 NO has been PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DUNCERTAIN Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) this certificate h Item HOSPITAL: YES 2 NO ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 4 Nursing Nome 5 Rasidence 8 Other (Specify) the of 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 8-5-94 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural motor vehicle accident 1800 5 Pending 1 YES 2 NO βY After death 2 Accident Investigation 281. LOCATION (Street and Nymber or Rural Route Number,
City or Towns (State)
Red Land and tellow Stone
Lingonery (c., 110) 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Sulcide 28 is 8 Could not be COMPLETED after (DIRECTOR Arest detarmined TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT DE filed within 72 hours at IMPORTANT: If Item 2 29a, CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner at stated. 2 😾 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE 6 40 AUGUST 7,1994 O.C.M.E. 2 36. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dennis J. Chute, M.D.

0 1994

32. BEGISTRAR'S SIGNATURE

Sura Davidson-Randall

31. DATE FILED (Month, Day, Year)

DNMN-18 Rev 1/89

111 Penn Street, Baltimore, Maryland 21201

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	REGISTRAR	RTIFIC/	ATE OF	DEATH	REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)		-		2. DATE OF DEATH		3. TIME OF DEATH					
	Frank Lawrence		Curne	⊇n	August 9		6:00 P.M M					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last t	birthday) IF L	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	a, bier	THPLACE (State or Foreign					
	059-05-4607 ·XM2□F 83	YRS. MON	THS DAYS	HOURS MIN.	6970171	.910 N	ew York					
	9e. FACILITY NAME (If not institution, give street and number)	9b.	CITY, TOWN O	R LOCATION OF DE		9c. COUNTY OF	DEATH					
E	Memorial Hospital at Faster	,	Easton			Talbot						
5	Memorial Hospital at Easton											
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION				10d, INSIDE CITY LIMITS?						
	Maryland Talbot	Preston				1 - YES 24 NO						
₹.	10e. STREET AND NUMBER						WHAT COUNTRY?					
FUNERAL	23260 Holly Park Drive	21655				U.S.A.						
5	11. MARITAL STATUS 1 □ Never Married 2 □ XMarried 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 □ YES 2 □ NO	ED			HC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No — 14, RAC Bia	CE — American Indian, ick, Whita, atc.					
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES A			2 XNO Specify			White					
	15. DECEDENT'S EDUCATION 16e, DECI	FDENT'S LIST	AL OCCUPATIO	N .	145 KIND OF BUIL	SINESS/INDUSTRY	WIIICE					
	(Specify only highest grade completed) (Give	e kind of work of Do NOT use retii	done during mos	t of working	loo. Kill or Bo.	MILESS/MIDOS INT						
7		xecut	1770		Gonora	1 Moto	r Company					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	Necut	146	18. MOTHER'S NA			L Company					
	17. FATHER'S NAME (First, Middle, Last) Edward Charles Curnen 18. MOTHER'S NAME (First, Middle, Maid											
BE	19a, INFORMANT'S NAME (Type/Print) 19b.	MAILING ADD	RESS (Street ar	nd Number or Rural F	Route Number, City or Town	n, State, Zip Code)						
2	198. INFORMANT'S NAME (Type/Print) 199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 23260 Holly Park Dr., Preston, MD. 21655											
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION /Name of DATE 20c. LOCATION — City or Town, State											
	1 Donation 5 Other (Specify) Salis	etory or other pi	Crem	atory	8-10 Sa	lisbur	v, MD.					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AN	D ADDRESS OF FA	CILITY							
	* Millian Briska 11 - Exem				vell Fune							
	23. PART Lenier tha diseases or complications that baused the deat	MACK!	308 H	igh St.	, Cambri	dge, M						
	shock, or heart fallure. List only one cause on each line.	iii, bo noi s	THE THE THOU	o or dying, suci	ir as cardiec or reapi	atory arreat,	Approximata interval Between					
	IMMEDIATE CAUSE (Final disease or condition	a.t	ALL	To dial	land and	Tion	Onset and Death					
ŀ	disease or condition reaulting in death) a. probable acute hyprandial Infanction minute Due to (or as a consequence of): Corquery artery disease.											
-	Concesa	MI O	ntem	dino	200 .		i l					
CERTIFICATION	Sequentially list conditions, If any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):											
S	If any, leading to immediate cause. Enter UNDERLYING											
E	CAUSE (Disease or Injury c. DUE TO (OR AS A CONSEQUENCE OF):											
E	resulting in death) LAST											
	PART il. Other significent conditions contributing to deeth but not rec	aulting in th	a undarlying	cause given in	Part i. 24a, WAS AN	AUTOREY 24	Ib. WERE AUTOPSY FINDINGS					
DICAL		Juliang III the	o directlying	Cadae given in	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE					
					1 YES 2	XNO	OF DEATH?					
Σ					-		1 TES 2 NO					
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL		26 PI	ACE OF DEATH (Che	oh onti one)							
Sign	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 VER/Outpetient 3		HER:									
Ĭ	27. MANNER OF DEATH 28e. DATE OF INJURY	28b. TIME DF	28c. INJL		6 Other (Specify) 26d, DESCRIBE HOW II	NJURY OCCURED						
	1 Natural 5 Pending (Month, Day, Year)	INJURY	WOI	RK? ES 2 NO								
BY	2 Accident Investigation 3 Suicide 8 Could not be 28s. PLACE OF INJURY — At hom	e, farm, street			28f. LOCATION (Street a	and Number or Rural	I Route Number					
COMPLETED	Success Could not be building, atc. (Specify) Homicide B Could not be building, atc. (Specify)		•		City or Town, State)							
	29a. CERTIFIER											
MP	(Check only one) 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, dest one) 2 MEDICAL EXAMINER: On the best of examination and/or in											
8		reatigation, in	my opimon, de	etii occured at the	time, data and place, an	d dus to the cause	(a) and manner as stated.					
BE	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	IBER	29d. DATE SIGNE	ED (Month, Day, Year)					
2	20 MAME AND ADDRESS OF PERSON WITH COMPANY			D46020		A110	10 1994					
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM	2f) (Type, Print)	7)			0.4						
	Syed I. Ali M.D. 506 Tdlewil	ld Ave	. Eas	ton Md.	21601							
	Syed I. Ali M.D. 506 Idlewil 31. DATE FILED (MONTH, Day, Year) AUG 1 6 1994 June Dawley Vond	II.					3.					
1	NOUT A 100 1 M											

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

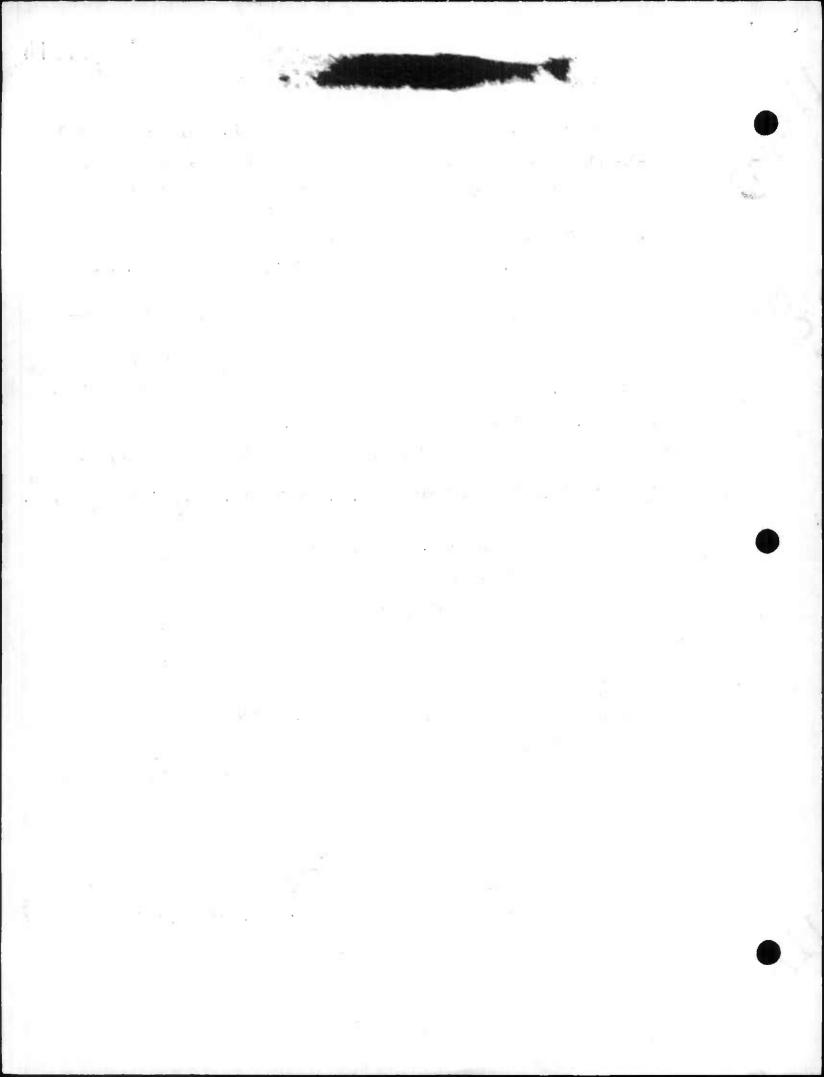
BALTIMORE, MARYLAND 21215-0020

6

BALTIMORE, MARYLAND 21215-0020	eath. Page 6 may be retained by the hospital or attending physician.	uneral director name 5 should be detached for use as the busial trans-
BA	rs after de	the the f
	HON	filled i
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5, should be detached for use as the hurisi trans-

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria be fied within 72 hours after death with the State Debt, of Heath and Mental Hydere prior to burial, cremation, or removal.	
d by the host	ld be detache	d at once.
nay be retaine	, page 5 shou	st be notifie
ath. Page 6 n	uneral director	aminer mus
ours after de	led in by the fig.	medical ex
uted with	completely fit rial, cremation	ic event, the
ificate be exec	physician and	her traumati
the death cert	the attending	Injury, or ot
requires that	een signed by of Health an	shows any
CIAN: The law	ertificate has the State Dept	or item 23
NDING PHYSI	R: After this control of death with 1	is marked,
TAL DR ATTE	VAL DIRECTO	if item 28
TO THE HOSP!	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the to fled within 72 hours after death with the State Deat; of Hearth and Mental Hydiene prior to burial, cremation, or remonal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND	MENTAL HYGIENI REG. NO.	E		
ij	t. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH	
9	WOODROW	E. DO	OOLEY		AUG. 9.	1994	9:40 PM	
	4. SOCIAL SECURITY NUMBER			NDER t YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Countr	IPLACE (State or Foreign	
	426-07-5703	1 📉 M 2 🗆 F	76 YRS.	ns DATS HOURS MIN.	JUNE 26,	1918 0	KLAHOMA	
~	9e. FACILITY NAME (If not institution, give s		1	CITY, TOWN OR LOCATION OF E	DEATH	9c. COUNTY OF D	EATH	
TO.	MONTGOMERY GEN	ERAL HOSPITA	AL	OLNEY		MONTGO	MERY	
EC	10e. STATE 10b. COUNT	Υ	10c. CITY, TO	VN OR LOCATION			10d. INSIDE CITY	
D	MD. MON	TGOMERY	T	ROCKVILLE			LIMITS?	
AL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF V	23	
FUNERAL DIRECTOR	4918 BUTTERNU	T DR.		2085	3	U.S	.A.	
Ę.	11, MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 X YES		13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic			E — American Indian, k, White, etc.	
ВУ	1 Never Merried 2 X Merried 3 Widowed 4 Divorced	DATES	1 YES 2 NO Spec		Specify:			
	t5. DECEDENT'S EDU	CATION	18e. DECEDENT'S USUA	LOCCUPATION	16b. KIND OF BUS	INESC INICIIETEN	WHITE	
COMPLETED	(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5+)		one during most of working	IOD. KIND OF BUS	INESS/INOUSTRY		
PL	Lielliering Gottomary (O-12)	5+	ACCOUNT	CANT		ACCOUNT	TNG	
Š	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Malden :		21.0	
BE	EUELL L.	DOOLEY			GERTRUDE	REV	EILLE	
TO E	t9e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDI	RESS (Street end Number or Rura	Route Number, City or Town	, State, Zip Code)		
-		OOLEY	SAME	AS ITEM #	#10			
- 1	20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 ☑ Cremation 3 ☐ Rem		CHAMBERS CI			CATION — City or To		
- 1	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		CHAMBERS CE	22. NAME AND ADDRESS OF F		IVERDALE	, MD.	
1	2//0//01	wallend	57	22. NAME AND ADDRESS OF F	ACILITY		20910	
	23. PART i. Enter the diseases, or o	aneeven	M00091	W. W. CHAMBEI	RS CO. INC.	, SILVER	SPRING, MD.	
CERTIFICATION	immediate cause (Finsi disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS RYPIR		my Te Wike	n ₁ ,		Onset and Death	
AL C	PART II. Other algnificant condition	na contributing to death	but not resulting in the	underlying cause given in	n Part i. 24s, WAS AN	AUTOPSY 24b	. WERE AUTOPSY FINDINGS	
S					PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDIC					1 TES 2	A) NO	OF DEATH? 1 YES 2 NO	
=	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO NO							
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HQSPITAL: OTHER:							
XS.	1 TES 2 NO	1 Ninpetient 2 ER/Ou		HER: Nursing Home 5 - Residence	8 Other (Specify)			
ВУ РН	27. MANNER OF DEATH t Natural 5 Pending 2 Accident investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? t YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED		
	2 Accident 3 Sulcide S Could not be determined 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated.							
H	29b. SIGNATURE AND TITLE OF CERTIFIED	Mm		29c. LICENSE NU		29d. DATE SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Print)			1-	20.832	
	31. DATE FILED (Month, Day, Year)	MARTIRE	< M.D.	18111 PRI	NCE Philip	DR. #32	7. OLNES, MA	

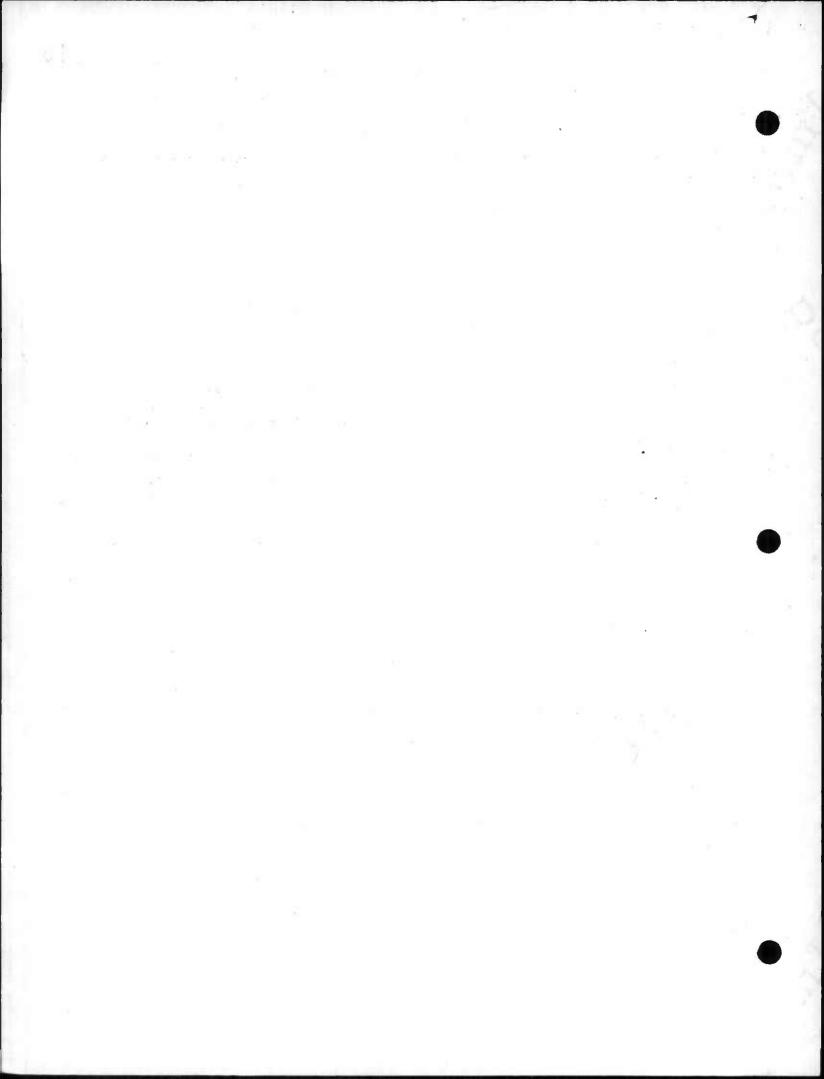


Service.	(H	Z)
		- 80
367	141 2	South Branch
	BALTIMORE, MARYLAND 21215-0020	Flours after death. Page 6 may be retained by the hospital or attending physician. Hed in by the funeral director, page 5 should be detached for use as the burial-transit in or removal.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within whom's after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perfair. Both be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MAR	YLAND / I	DEPARTI	MENT OF I	HEALTH AND I	MENTAL	HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last						2. DATE C	F DEATH			3. TIME OF DEATH
Dehaven) Earl	Ea	arl E	. DeHav	ven .	MONTH	8 - DAY		YEAR 94	12:30 A M
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE 0	F BIRTH Day, Year)		6. BIRTHP Country;	LACE (State or Foreign
214-40-8609	1 🔀 M 2 🗌 F	54	YRS.	ONTHS DAYS	HOURS MIN.	05-1	1-40			land
9a. FACILITY NAME (If not institution, give	street and number)		9	b. CITY, TOWN	OR LOCATION OF DE	EATH		9c. COUN	TY OF DE	ATH
Howard County G	eneral			Columb	ia			F	lowar	:d
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TY	T	10c. CITY.	TOWN OR LOCA	TION				T	10d. INSIDE CITY
Maryland Ho	oward	- 1			sville					LIMITS?
10e. STREET AND NUMBER	JWAL G				f. ZIP CODE			10e. CITIZ		HAT COUNTRY?
11820 Route 99					21104		- 1			States
11. MARITAL STATUS	12. WAS DECEDENT EVI				ENDENT OF HISPAN				14. RACE	- American Indian.
1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 1 1)		ecify Cuban, Maxica 2 X NO Specify		can, etc.)			White, atc.
									Whi	te
15. DECEDENT'S ED (Specify only highest grad		/G/v	kind of wor	K done during me		16b. 1	KIND OF BUS	NESS/INDI	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		Do NOT use i					1 171 -		
17, FATHER'S NAME (First, Middle, Last)	-	LIIS	spect	or	1		enera		ectri	.c
Edmond DeHaven					18. MOTHER'S NA			Surname)		
19a. INFORMANT'S NAME (Type/Print)		401	****	200000000000000000000000000000000000000	Glady				-150	
Norma Mae DeHave	en				nnd Number or Rural I 99 Marri					
20a. METHOD OF DISPOSITION 1 文Burtal 2 □ Cremetion 3 □ Rai	Total days State	20b. PLACE AN	DDATE OF	DISPOSITION (N	ame of	DATE	20c. LOC	ATION — C	aty or Tow	rn, Steta
4 Donation 5 Other (Specify)	noval from Stata	Mt.	View	r place)		8-12	Mari	riott	svil	le, MD
21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE / /				ND ADDRESS OF FA		-	**	-	
Harres	7. 71/1	14	1	1	H. Witz					
23. PART i. Enter the diseases, or	complications that car	God the dea	th. Do not	enter the mo	OTO COTO	mbla	PIKE I	atory arm	COLL	City 21043
anock, or heart failura	. List only one cause o	each lina.								interval Between
IMMEDIATE CAUSE (Final disease or condition	· MULTI	DIO N	nupl	MMA						Onset and Death
resulting in death)	DUE TO (OR	AS A CONSEOU	JENCE OF):	-001101						240
	Renal	FAIL	172							lut.
Sequentially liet conditions, if any, leading to immediate	0.	AS A CONSEOL	1.00							
cause. Entar UNDERLYING CAUSE (Disease or injury	C									
that initiated events	DUE TO (OR	AS A CONSEOL	JENCE OF):							
resulting in death) LAST	d									
PART ii. Other algnificent condition	one contributing to deel	th but not re	sulting in	the underlyin	a ceuse aiven in	Part i.	24a. WAS AN A	UTOPSY	24h 1	WERE AUTOPSY FINDINGS
							PERFORM	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						_	1 TYES 2	NO	1 '	OF DEATH?
DID TOBACCO USE	CONTRIBUTE TO	O CAUS	E OF I	DEATH Y	ES I NO					1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL	I				ACE OF DEATH (Ch		,			
EXAMINER?	HOSPITAL:	Outpatient 3		THER:	ne 5 🗆 Residence					
27. MANNER OF DEATH	28a. DATE OF INJU	RY	28b. TIME C	OF 28c. IN.	IURY AT		RIBE HOW IN	JURY OCC	URED	
1 Netural 5 Pending	(Month, Day, Ye	ar)	INJUR		PRK?					- 0
2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJ	URY — At hom	a, farm, stre	et, tectory, offic	•		TION (Street ar	d Number	or Rural Ro	ute Number,
4 Homicide detarmined	building, etc. (Specily)				City or	Town, State)			
	SICIAN: To the best of my k									
	HER: On the beele of examin	ation and/or in	vestigation,	In my opinion, o	leath occured st the	time, date a	nd place, and	due to the	ceuse(a)	and manner as sisted.
29b. SIGNATURE AND TITLE OF CERTIFI	1/0				29c, LICENSE NUN	MBER		29d. DATE	SIGNED (Month, Day, Year)
Michillus Rowne	108 mi	~			1)3850	29		MAC	iGus	74 1994
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	Centr.	27) (Type, Pr	4 24 #	474 (1	1	us W	2/2	1001	
31. DATE FILED (Month, Day, Year)	A KOS LOCO		7100	1004	107001	um	ins pol		74	
AUG 1 2 1994 A	ala d'Eurosor h	artall								
MOUT N 1991										



	1 - STATE REGISTRAR	STATE OF MARYL		NT DF HEALTH AND		IYGIENE BEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	DONALD ANS			2. DATE OF MONTH August	DAY	YEAR	TIME OF DEATH	
1	4. SOCIAL SECURITY NUMBER 521-78-6656 9a. FACILITY NAME (If not institution, give a	1 M M 2 □ F 60	YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN. TY, TOWN OR LOCATION OF	7. DATE OF (Month, De Jan.	BIRTH (ay, Your) 13,1934 L	Country)	CE (State or Foreign	
TOR	514 Apple Av		ap. Cl	Frederick	DEATH		erick		
DIREC	Maryland 10b. count	r Frederick		ederick				d. INSIDE CITY LIMITS? YES 2 \(\text{NO}\)	
FUNERAL	100. STREET AND NUMBER	Apple Ave.		101. ZIP CODE 21701			ed St	T COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 M Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES, GIVE WAR OR DA	2 NO	3. WAS DECENDENT OF HISP If yea, specify Cuben, Maxi 1 YES 2 NO Spec	can, Puerto Rica	Specify Yee or No- 1	4. RACE — . Black, WI Specify:	American Indian.	
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed) College (1-4 or 5+)	18e. DECEDENT'S USUAL (Give kind of work dor life. Do NOI use retired	ne during most of working	16b. KIP	ND OF BUSINESS/INDU			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	4 OBERT	Electrica DOBSON	Engineer 18. MOTHER'S P	NAME (First, Midd	ISTRUCTION (Ie, Melden Surname)	firm		
TO BE	190. INFORMANT'S NAME (Type/Print) GLADYS E. DOBSON		19b, MAILING ADDRE	ess (Street end Number or Rure 1e Ave./Fred	al Route Number,				
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State card	PLACEAND DATE OF DISP letery, crematory, or other place MT. OLIVET	Cemetery	8-5	20c. LOCATION — CI Frederic			
	21. SIGNATURE OF FUNERAL SERVICE LI	Deler	unto	2. NAME AND ADDRESS OF 1	town Pi		ick,M		
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. MEDASTATT	ach ilne.	er the mode of dying, at			nt,	Approximata interval Between Onset and Death 21 McNTH	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS A	CONSEQUENCE OF):						
MEDICAL CER	PART ii. Other aignificent condition	d	ut not resulting in the	underlying cause given (e. WAS AN AUTOPSY PERFORMED?	AWA COF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2-1-100	
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН	26. PLACE OF DEATH (
Y PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO		pecify) IBE HOW INJURY OCCU	IRED		
TED B	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJURY building, atc. (Spec	— At home, ferm, street, f	actory, office		ON (Street end Number o own, State)	end Number or Rural Route Number,		
OMPLET	one)	SICIAN: To the best of my know						d manner as stated.	
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	Brod C	Cound , u	D 29c. LICENSE N	UMBER 76/	29d. DATE	SIGNED (MG	94 Year)	
10		NOPEMA 50	31 W. SEVE	MH ST. A.	reder	ICK, MB	21	701	
	31. DATE FILED (Month, Day, Year) AUG 0 5 199	32. REGISTRAR'S SIGN	Geor Randall						



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certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bu		once
2		Ħ
should		d. or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
6.5		5
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	FOR 1 - STATE	STATE OF MAR				MENTAL	. HYGIEN		2491		
11	1. DECEDENT'S NAME (First, Middle, Lust)	George H		empsey,	Jr.	2. DATE O		1994	3. TIME OF DE	ATH P	
		5. SEX 6. A	GE (In yrs. lest birthde	MONTHS C	YEAR IF UNDER 24 HRS	7 DATE (F BIRTH Day, Year)	53 V	BIRTHPLACE (State or Country) Vashington	Foreign D. C	
TOR	90. FACILITY NAME (II not Institution, give stree Frederick Memor		tal		own or location of ederick	DEATN		111	y of DEATH rederick		
DIRECTOR	nesidence of decedent 10a. STATE Maryland Tre	derick	10c. (ETY, TOWN OR	t. Airy				10d. INSIDE CI LIMITS? 1 X YES 2 [
FUNERAL	100. STREET AND NUMBER 1802 S. Main S	t.			101. ZIP CODE 21771				N OF WHAT COUNTRY	?	
B		2. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	lf y	S DECENDENT OF NISI				s. RACE — American in Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co Elementary/Secondary (0-12)	Manu	iness/indus								
E CON	17. FATHER'S NAME (First, Middle, Lest) George H. Dempsey 18. MOTHER'S NAME (First, Middle, Maiden Surname) Lucille Simuro										
TO B	198. INFORMANT'S NAME (Type/Print) George H. Dempsey 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2709 Sheraton St., Wheaton, Md. Wheaton 20906										
	20a. METNOD OF DISPOSITION 1/ Burler 2 Cremetlon 3 Remove 4 Donation 5 Other (Specify)	al from Stata	20b. PLACE AND DAT	rother place of Heaven 8/8/94 Silver Spring					y or Town, Stata		
TO BE COM	21. SIGNATURE OF FUNERAL SERVICE LICEN		th	22. NA	ME AND ADDRESS OF Lin L. Mol	FACILITY Leswor	th, P.	A.			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
RTIFICATION	Sequentielly liat conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
MEDICAL CE	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PERF 1 YES								24b. WERE AUTOPSY MAILABLE PRIC COMPLETION D OF DEATH? 1 YES 2	F CAUSE	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Y	OTHER:	28. PLACE OF DEATN	(Check only on)		1		
РНУ	27. MANNER OF DEATN 1 Netural 5 Pending	28a. DATE OF INJU (Month, Day, Ye.	RY 26b. 1	IME OF 21	g Norms 5 Resident G. INJURY AT WORK? 1 YES 2 NO	_	(Specify) CRIBE NOW II	NJURY OCCU	RED		
Ш	2 Accident Investigation 3 Suicida 8 Could not be 4 Nomicide datarmined	28a. PLACE OF INJ building, etc. (URY — A1 home, farr Specify)				TION (Street a or Town, State)	and Number or	Rural Route Number,		
	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA CONTROL OF CERTIFICA CONTROL OF CERTIFICA CONTROL OF CERTIFICA CONTROL OF CERTIFICA CONTROL OF CERTIFICA CONTROL OF CERTIFICA CONTROL OF CERTIFICA CONTROL OF CERTIFICA CONTROL OF CERTIFICA CONTROL OF CERTIFICA CONTROL OF CERT									stated.	
BE	296. SINATURE AND TITLE OF CERTIFIER	res mil			29c. LICENSE I	UMBER			BIGNED (Month, Day, You		
10	30. NAME AND ADDRESS OF PERSON WHO G	COMPLETED CAUSE OF		re per corc			on	mo	20906		
	31. DATE FILED (Morith, Day, Year) AUG 0 8 1994		HIGHATURE RANGE				,				

FOR STATE 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HEGISTRAR			ERITE	ICATE	= OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	m T/	OUTSTEEL					MONT		W _	YEAR	3. TIME OF DEATH
EDWARD 4. SOCIAL SECURITY NUMBER	T. DO	OWNEY	0 6 feb et e d					ITA 5	٠,]	994	10:30 I
237-44-7642	1 🔀 M 2 🗌 F	6. AGE (In yrs. las	YRS.	IF UNDER	DAYS	HOURS MIN.	(Mont	of BIRTH h, Day, Year)	932	Counti	PLACE (Stelle or Foreign y) CAROLINA
9a. FACILITY NAME (If not institution, give : GREATER LAUREL E		E HOSPIT	CAL	9b. CITY		JREL	EATH			NCE	GEORGES
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v		I soo CIT	Y. TOWN C	DD 1 OCA	TION					
MD. PRI	NCE GEORG	GES	10c. CIT		AURI						10d. INSIDE CITY LIMITS? 1 XYES 2 NO
100. STREET AND NUMBER 9429 MUIRKIF	K RD.				101	20708			· ·	U.S.	VNAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W KORE/	X YES 2 N	MED 10	1 1	If yes, sp	ENDENT OF HISPAI ecify Cuban, Maxica 2 NO Specif	n, Puerto	I? (Specify Yea Rican, atc.)	or No-	14. RACE Black Speci	- American Indian, k, White, etc.
15. DECEDENT'S EDU (Specify only highest grade	15. DECEDENT'S EDUCATION (Specify only highest grade completed)					ON est of working	166	KIND OF BUS	INESS/IN	DUSTRY	2441011
Elementary/Secondary (0-12)) Hite.	Do NOT us	unse.	LOR			D.H.	S	D.C.	GOV'T.	
17. FATHER'S NAME (First, Middle, Last)	DOWN	VEY	18. MOTHER'S NAME (First, Middle, Maiden Surname,								
19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	AOORESS	S (Street e	nd Number or Rural		ber, City or Town	0,00		
MADELINE DOW	NEY					ST. N.E.					20002
20a. METHOD OF DISPOSITION 1 □ Burlal 2 ☑ Cremation 3 □ Ram 4 □ Donation 5 □ Other (Specify)		EAND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, St. MBERS CREMATORY 8/3 RIVERDALE,						wn, Stata			
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	. 0		22.	NAME A	ND ADDRESS OF FA	CILITY				2091
23. PART I. Enter the diaeases, or	men		0091								SPRING, MI
ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):											
Sequentially list conditions, if any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. CHRONIC RENAL FAILURE 1 YES 2								MED?	24b.	. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
DID TOBACCO USE	CONTRIBUTE	E TO CAU	ISE OI	F DEA	TH '	YES I NO					1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL						ACE OF DEATH (Ch		ne)			
EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		e 5 🗆 Raaldenca	8 🗆 Othe	r (Specify)			
27, MANNER OF OEATH 1 X Netural 5 Pending	28a. DATE OF (Month, Da		28b. TIM	-	28c. INJ WO	URY AT		CRIBE HOW II	NJURY OC	CURED	
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	F INJURY — At ho	me, farm, i	M 1 YES 2 NO n, atreet, fectory, office 28f. LO				LOCATION (Street and Number or Rural Route Number,			
4 Homicide determined					_			or Town, State)			
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	all of	M D				29c. LICENSE NUI			29d. DAT		(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUS	E OF DEATH (ITE	М 27) (Туре,	Print)		D1787	5			JUL:	Y 25, 1994
C. R. NATH			770		CIMO	RE AVE.,	BEL	rsvill	E, M	D.	
31. OATE FILEO (Morith, Day, Year)	32 REGISTRAL	S SIGNATURE	ndelle								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Ours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or remonal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

. . .

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31. DATE FILED (MO)
AUG 1

2 1994

15

	1 - FOR STATE OF M			RTMENT O			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Lest) Margaret Nygare	Do	Cur	iho	2		2. DATE OF DEATH	AY /94	YEAR 3.	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F 9a. FACILITY NAME (If not institution, give street and number)	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER MONTHS DA	YS HOUR		7. DATE OF BIRTH (Month, Day, Year) NOV. 4, 1		Missi	ACE (State or Foreign	
CTOR	Washington Adventist Rehab & Nurs	ing Cente	er	% carv, ro	oma Pa		EATH		tgome		
DIRECTOR	Maryland Montgomery 10e. STREET AND NUMBER			y, town on L Lver Sp						d. INSIDE CITY LIMITS? YES 2 X NO	
FUNERAL	8407 Hartford Avenue				101. ZIP C	2091	0		ted S	tates	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	If yes	DECENDEN I, specify Cu YES 2 (A)	ban, Maxic	NIC ORIGIN? (Specify Yean, Puerto Rican, etc.) ly:		14. RACE — Black, W Specify:	American Indian, hita, atc.			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1.2 College (1-4 or 5 +)	(Gi	CEDENT'S ive kind of a Do NOT us	USUAL OCCUI	PATION g most of wo	rking	16b. KIND OF BU			106	
OM	17. FATHER'S NAME (First, Middle, Last)	110	meme	KEI	16. M	THER'S NA	ME (First, Middle, Maiden	Home			
BE C		ard				nna	Stokholm				
2	Gene Blackwell Downing 19a. INFORMANT'S NAME (Type/Print) 407 Leighton Avenue, Silver Spring, MD 20										
	20a. METHOD OF DISPOSITION 1	20b. PLACE A	ND DATE	of disposition		nue,		CATION C	ity or Town,	Stata	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Signature of Funeral Service Licensee S	a pop		Rapp 933	Gist	ral S	CLUTY Services, Je Silver	P. A.	aa Mi	20910	
	23. PART I. Enter the diseases, or complications that shock, or heart failure. List only one cause IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (C	on aach lina.		L.V.		lying, auc	h as cardiac or reap	iratory arre	eat,	Approximata Interval Between Onset and Death 44 Days	
CERTIFICATION	Sequantially list conditions, If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated aventa resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions contributing to death but not resulting in the undarlying cause given in Part I. Metastatic Cancer of Right Breast 1 Yes 2 NO 24b. WAS AN AUTOPSY PINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	R/Outpatient 3	DOA	OTHER:			eck only one) 6 Other (Specify)				
ву Рну	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, 2 Accident Investigation	JURY	28b. TIMI INJ	E OF 28c.	INJURY AT WORK?		28d. DESCRIBE HOW I	NJURY OCCI	URED		
		NJURY — At hon c. (Specify)	ne, ferm, a	treet, factory, o	offica		261. LOCATION (Street a City or Town, State)	and Number o	or Rural Route	Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of m one) 2 MEDICAL EXAMINER: On the basis of examiner.	y knowledga, daa nination and/or in	th occurre	d at the time, o	data and pla-	e, and dua	to the cause(s) and mar	ner as atste	d.	manner se eleteri	
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER	00 1	. 0			CENSE NUM				nth, Day, Year)	

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print, old M. D. 1106

Spring

CHEE THE COUNTY OF STREET WAS A STRE

1	-	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIFI	CATE O	F DEATH		REG. NO	_		
٦	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH		YEAR	3. TIME OF DEATN
	Jan	nes	С.	Dodds				ust 7.			2:33 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yr.	s. lasi birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.		OF BIRTH	1994		IPLACE (State or Foreign
	101 24 2102	1√XM2□F		A YRS.	MONTHS DAY	8 HOURS MIN.		th, Day, Year)		Count	(Y)
	181-24-2192 9e. FACILITY NAME (If not institution, give st			54 THS.				1. 16,	· ·		nsylvania
5	Shady Grove Adven		pital			n or location of i kville	DEATH			ontqc	omery
5			19c. CITY, TOWN OR LOCATION								
DINECION	Maryland M	ontgomer	v	10c. CITY	, TOWN OR LO	_					10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER	7002			20,	101. ZIP CODE			100 CI	TIZEN OF Y	WHAT COUNTRY?
LONGUAL	12409 Deoudes Roa	d				2084	1		1		States
5	11. MARITAL STATUS	12. WAS DECEDEN	TEVER IN U.S	S. ARMED	13. WAS (DECENDENT OF NISPA specify Cuban, Mexic	ANIC ORIGI	N? (Specify Yes	or No-	14. RAC	E — American Indien, k, White, etc.
10	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE V Kor		B	can, Puerto :/fy:	Hican, etc.)		Spec	ffy:		
3	15. DECEDENT'S EDUC	CATION		. DECEDENT'S	USUAL OCCUP	ATION	16	. KIND OF BU	SINESSIIN	DUSTRY	White
<u> </u>	(Specify only highest grade			(Give kind of w life. Do NOT use	ork done during	most of working					maine e
ا ڏ	Elementary/Secondary (0-12)	College (1-4 or 5	+)				ال				ousing &
žΙ		5+		Law	yer			*		evelo	pment
COMPLE	17. FATNER'S NAME (First, Middle, Lest)					16. MOTHER'S N	AME (First,	Middle, Malden	Surname)		
- 1	Harry	G. Dodds				Ru	th Ho	orner			
0 0	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Stre	et end Number or Rura			n, State, Z	ip Code)	
-	Jean Dodds			l						,	10.41
	200. METHOD OF DISPOSITION		de la			es Road,					
- 1	1 Buriel 20 Cremation 3 Remo	oval from State		ACE AND DATE O		8/9/9	4 DAT	E 20c. LO	CATION -	City or To	own, Stata
	4 Donation 5 Other (Specify)	Parameter .	Mon	tgomery	Crema	torium.	Inc. Bethesda, Maryland DF FACILITY Robert A. Pumphrey Fun				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENDER 1/			22. NAME	AND ADDRESS OF F	ACILITY I	Robert	A. I	umph	rey Funeral
	DAVIAGOO.	1000	10		Home	/Bethesda	-Che	y Chas	se, 1	Inc.,	7557
	23. PART I. Enter the diseases, or o	1 July		100348	Wisc	onsin Ave	. Be	thesda	Ma Ma	rvla	nd 20814
HILLEALION	IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A COM	NSEQUENCE OF):						Interval Between Onset and Death
נייל ל		l									
DICAL T	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORM 1 VES 2								RMED?	MED? AVAILABLE PRIC COMPLETION 0 OF DEATH?	
ME											1 TYES 2 NO
ا	DID TOBACCO USE C	CONTRIBUTE	TO CA	AUSE OF	DEATH	YES N	o 🗆			1	
TOICINI.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DEATH (C	check only o	ne)			
5	1 YES 2 NO	HOSPITAL:	ER/Outpatier	nt 3 🗆 DOA	OTHER:	lome 5 - Reeldence	6 T AL	er (Specific)			
: 1	27. MANNER OF DEATH	26a. DATE OF		26b. TIME		INJURY AT	T	SCRIBE HOW I	NJUBY ~	Clinen	
	1 Natural 5 Pending	(Month, D	lay, Year)	ILM	URY	WORK?	200.00	SCHIOL HOW I	NJOH! O	CONED	
5	2 Accident Investigation					YES 2 NO					
3	3 Suicide 6 Could not be 4 Hornicide determined	26e. PLACE O building,	of INJURY — A artc. (Specify)	At home, ferm, s	treet, tectory, o	ffice	281. LOCATION (Street end Number or Rural Route Number, City or Town, State)				
	29a, CERTIFIER										
	(Check only one)										
5	MEDICAL EXAMINE	H: On the beele of a	xamination en	d/or investigation	n, in my opinio	n, death occured at th	e time, det	end place, er	d due to 1	the couse(e) end menner ee stated.
ا رُ	29h SIGNATURE OF CERTIFIER	1				29c. LICENSE N	JMBER		29d. DA	TE SIGNED	(Month, Day, Year)
5	1 /1 /1 /11x.	_				0220	()10			27 -8	2-94
2	36. NAME/AND/ADDRESS OF PERSON WING	COMPLETED COM	DE OF CEAT	ATEM OF C	Out-on	11.000	110			0 (77
	T. J. McJ	VAMAR	3 SE OF BEATN	602	Shie	1di De	Bot	herde	. 1/1	ud.	20817
	AUG 1 0 199	32. REGISTRA	a Savids	ne Mands	02_	7 - 1)		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and our ster death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mertial Hygiene prior to burial, cremation, or removal.

INPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

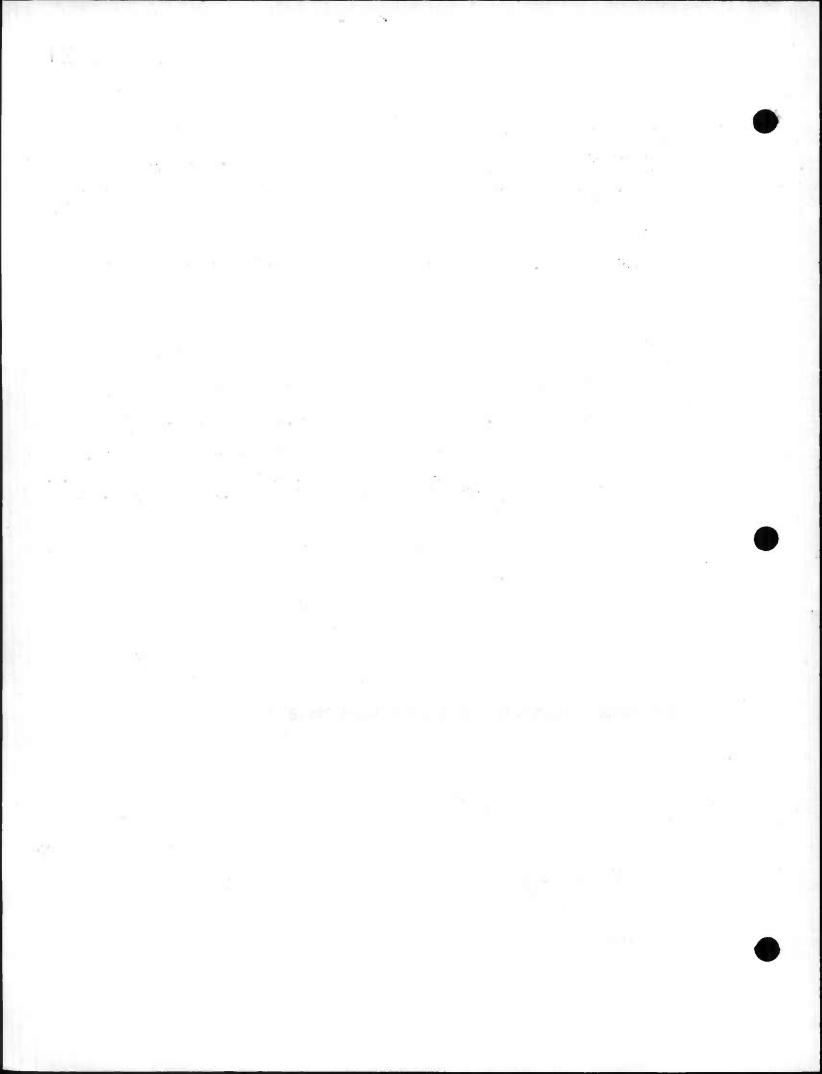
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 BALTIMORE, MARYLAND 21215-0020

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within from siter death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1880/DTANT: If item 29 is marked as item 23 shaws any latins as when transmissip aware last as a maillead as assisted as a second as a sec
TO THE HOSE	TO THE FUNE be filed within	IMPORTANT

									91	1 6	24921
	FOR STATE REGISTRAR		STATE OF I			TMENT OF I		MENTAL HYGIE			
	1. DECEDENT'S NAME (First,		NANI	VIE ETT	A DA			2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	A SOCIAL SECURITY NUMB		E Ho	6. AGE (In yrs. las		AVIS		August	10 1	994	11:00 M
	218-28-0552 90. FACILITY NAME (If not ins	1 🗌 M 2 💢 F	74	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	Jan. 29	a. BIRTHPLACE (State or Foreign Country) 1920 West Virginia 19c. COUNTY OF DEATH			
<u>بر</u>	Harford Me			. 1	96. CITY, TOWN OR LOCATION OF DEATH Havre de Grace						
8	RESIDENCE OF DEC	EDENT		<u> </u>		пауі	e de Gr	ace		Hari	ora
DIRECTOR	Maryland	10b. COUNTY	darford			r, TOWN OR LOCA					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	F.	artord			Aberdee	n r. zip code		10a CIT	TIZEN OF V	1 \(\overline{\text{YES}} \) YES 2 \(\overline{\text{NO}} \) NO
ERA	140 Baltim	ore St					210	n1	log. Or	US	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR		13. WAS DEC	ENDENT OF HIS	ANIC ORIGIN? (Specify icen, Puerto Ricen, etc.)	Yee or No-		E — American Indian, c, White, etc.
ВУ	1 Never Married 2 📉		IF YES, GIVE V		NO		Pacify Cuben, Mex 3 2 № NO Spe			Speci	
E											
<u> </u>	(Specify only Elementary/Secondery (0-		College (1-4 or 5	life.	ive kind of v Do NOT us		ost of working				
COMPLETED			2		Nu	rse			Media	cal	
- 1	17. FATHER'S NAME (First, Mil		11				200	NAME (First, Middle, Meid			
BE	Jacob Mart		ıllen	19	b. MAILING	ADDRESS (Street		tie Lena al Route Number, City or 1			
일	William Hen	ry Dav	is, Jr.					Aberdeen,			
	200. METHOD OF REPOSITION STATE OF CONTROL O	OM Aemo	oval from State		ANDDATE	F DISPOSITION (N			LOCATION -		wn, State
	4 Donation & Donner	Specify	11	Bel A	Air M	emorial	Gardens	8-16-94	Bel A	ir,	Md.
	21. SIGNACIONE OF FUNERAL	Je seguciano	1/100	2121/		HOWard	ND ADDRESS OF	FACILITY Comas III I	Tunera	al Ho	me. P.A.
	7000000	1X	10/11	WX TH		1317	Cokesbu	y Rd., Ab.	inador	. Md	
		mrt fellure/	omplications the List only one ceu	t caused the de ise on aech line	eath. Do n	ot enter the mo	de of dying, s	ich as cardiac or re	piratory ar	reat,	Approximate Interval Between
	MMEDIATE CAUSE (Findiseese or condition	al	MEDIST	MI I	101-	CA					Onset and Death
	reaulting in death)		DUE TO	OR AS A CONSE	OUENCE OF	9: 110					
N	Sequentially list condition	ons C	. fruge	MI	C	UH					
ATIC	if any, leading to immed cause. Enter UNDERLY!!	liate	DUE TO	(OR AS A CONSE	QUENCE OF	1: (14.100)	MMALL				
RTIFICATION	CAUSE (Disease or injur that initiated events		DUE TO	OR AS A CONSEC	DUENCE OF	* Andron !	Of G. o.	•			
ERT	resulting in death) LAST		đ		- 11/1	11					
LC	PART II. Other aignificar	nt condition	a contributing to	death but not r	aauiting i	n the underlyin	g cauae givan	In Part I. 24a. WAS	AN AUTOPSY	/ 24b.	WERE AUTOPSY FINDINGS
EDICAL									ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEC											OF DEATH? 1 YES 2 NO
Z	DID TOBACCO		ONTRIBUTE	TO CAUS	SE OF	DEATH Y	ES P N	0 🗆			
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	mill milk		26. PI	LACE OF DEATH (Check only one)			
HYS	1 YES 2 NO		1 Inpetient 2 26e. DATE OF		DOA 28b. TIMI		ury AT	8 Other (Specify)	V IN ILIBY OC	CURED	
ВУ Р		Pending nyeetigation	(Month, D	lay, Year)	INJ	URY WO	PRK?	200. DEGOMBE 110	, 11100 KT OC	CONED	
ED B	3 Suicide 6 C	Could not be	26e. PLACE O building,	F INJURY — At ho etc. (Specify)	me, ferm, a	treet, fectory, offic	•	281. LOCATION (Stre City or Town, Sta	et end Number	r or Rural R	loute Number,
		letermined									
COMPLET								ue to the ceuse(e) end r			
00				xemination end/or	Investigatio	n, in my opinion, c	leath occured at t	he time, date end place,	end due to ti	he ceuse(e) end menner ee stated.
BE	296. SIGNATURE AND TITLE	A O	MAN/				29c, LICENSE N	UMBER	29d. DAT	11 //	(Mojim. Day. Year)
		// /			M 070 (5		VEX	341/-	0	1114	Y
TO B	30. NAME AND ADDRESS OF	PERSON WHO	MPLETED CAU	SE OF DEATH (ITE	m ∡≀j∦iype,	Print)			/	11.1	
	30. NAME AND ADDRESS OF	TIMU	MPLETED CAU	SE OF DEATH (ITE			ame	2107	7	1.11	
	30. NAME AND ADDRESS OF THE STATE OF THE STA	11 mu	2 4	SE OF DEATH (ITE	Im	16 NE	GIME	2107	7	Ç-11	



BALTIMORE, MARYLAND 21215-0020	LA Wours after death. Page 6 may be retained by the hospital or attending physicism	filled in by the funeral director, page 5 should be detached for use as the burial-transit on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. As fours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Realth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM				YGIENE EG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF I	DEATH	3. TIME OF DEATH
	Rachel J. F	vans				August	13 199	YEAR 10:15 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	HRTH	8. BIRTHPLACE (State or Foreign
	220-82-2008	1 🗆 M 2 💢 F 8	O YRS.	NTHS DAYS	HOURS MIN.	Aug . 1	4, 1913	Maryland
	9a. FACILITY NAME (If not institution, give st	reet and number)	94	b. CITY, TOWN C	R LOCATION OF	DEATH	9c. COUN	TY OF DEATH
FUNERAL DIRECTOR	Alice Byrd Tawes	Nursina Home		Cri	sfield		Somer	set
EG	10a. STATE 10b. COUNTY			OWN OR LOCAT	ION			10d. INSIDE CITY
E		Somerset		well	1011			LIMITS?
֖֚֚֚֚֚֚֡֝֝֝֝֝֝֝֟֝֝֟֝ ֚	10e. STREET AND NUMBER	Solierser	E		ZIP CODE		10- 01717	1 YES 2 NO
H.	20749 Caleb Jones	Road			21824		1,77,67	S.A.
Š	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	I U.S. ARMED	13, WAS DEC			pecify Yes or No-	14. RACE American Indian.
F	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, spe	2 NO Spec	can, Puerto Ricar		Black, White, atc.
ВУ	3 🛭 Widowed 4 🗌 Divorced				I ga no opec	ay.		White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	UAL OCCUPATIO	N st of working	16b. KIN	D OF BUSINESS/INDU	STRY
	Elementary/Secondary (0-12)	College (1-4 or 5+)			•		**	
MP	Grade 7		Homemake:	r			Home	
8	17. FATHER'S NAME (First, Middle, Lest)						s, Maiden Surname)	
BE	Wells W. Evans					yn Brad		
2	19a. INFORMANT'S NAME (Type/Print)	(0)				-	city or Town, State, Zip	
	Harold C. Powers				ones Rd	FWeI		824
	20a, METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo	oval from State com	PLACE AND DATE OF D efery, crematory or other	nlacel		DATE	20c. LOCATION — C	
	21. SIGNATURE OF TUNERAL SERVICE LICE	Ew	ell Churc		ery- 8/		Ewell, M	D
	John HAK	andis	<				ral Home	
	Ropert H. Brad			306 W.	Main S	t Cri	sfield, M	
	23. PART I. Enter the diseases, or cashock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Male	DONSEQUÊNCE OF	1	mple	1		Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	2.	CONSEQUENCE OF):					
	PART II. Other significant conditions	Contributing to death b	ut-not resulting in t	he undertving	cause olden ir	Pari I 34a	WAS AN AUTOPSY	24b. WERE ALITOPSY FRIDINGS
V: MEDICAL	- Hyperl		aidio		11	18/5	PERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			25.4%	ACE OF DEATH (C	hack only one;		
Sic	1 YES 2 400	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outp	etient 3 DOA 4	THER:	5 🗆 Residence	6 □ Other /Spi	eofy!	
Ŧ	27. MANNER OF DEATH	284. DATE OF INJURY	28h. TIME O	F 28c, INJ	JRY AT		IE HOW INJURY OCCI	JREO
ВУР	1 Natural 5 Pending	(Month, Day, Year)	INJUR		RK7 ES 2 NO			
COMPLETED B	2 Accident investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, street dy)	st, factory, office	6.	28f, LOCATION Oily or To	N (Street and Number o en, State)	r Rural Route Mumber
4	29a. CERTIFIER DEPTIEVING PHYSIC	TAN: To the heat of my knowl			-0.000			
Z I		CIAN: To the best of my knowledge. R: On the basis of examination						d, cause(s) and manner as stated,
	290. SIGNATURE AND TITLE OF CERTIFIER	-0-01	79	, my opinion, di				
BE	blace 1	1 1/2	ton 1	1/1	296 LICENSE NU	MBER 14	29d. DATE	SIGNED (MOID ON THE)
2	39 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	11/1	10	1100	X//	- 6	112/17
	James A. Ster	ling, M.D.	∠ 320 W. 1		Cris	field,	MD 21817	. //
	AUG1 1994	32. REGISTRAR'S SIGNA						

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Description of the second seco

										14	24723
	1 - FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPAR	RTMENT	OF H	EALTH DEAT	AND M	ENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	Filiat	_ Ath		- 11io			2. DATE OF DEATH BONTH 08	î'1	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs	s. lest birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	11	8. BIRTH	IPLACE (State or Foreign
1	217-16-9214 X	1□M2ᡚF 85	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 05 04 1	909	Ma	myland
OR	90. FACILITY NAME (It not institution, give s Dorchester Ger		1	9b. CITY,		nbri	dge	тн		orch	ester
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNT	Y	10c, CIT	Y, TOWH O	R LOCATI	ION					10d. INSIDE CITY
DIR	MD Doro	chester		C	ambı	ridg	[e				LIMITS?
ERAL	100. STREET AND NUMBER 909 Talism	nan Lane			101.	ZIP CODE	613		10g. CIT		WHAT COUNTRY? S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	3NO	11	yes, spe	cify Cubar		ORIGIN? (Specify Ye Puerto Rican, etc.)	a or No—	Black	E — American Indian, k, Whita, aic.
ED	15. DECEDENT'S EDU (Specify only highest grade		DECEDENT'S	USUAL OC	CUPATIO	N st of working	a	16b. KIND OF BU	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u					nucker,	seaf	ood	packing
BE COI	17. FATHER'S NAME (First, Middle, Last) Samuel	James McAlli	ister			18. MOTH		e (First, Middle, Maider anie Ho	sumame) rsem	ıan	
TO B	190. INFORMANT'S NAME (Type/Print) Milford W. El	Lliott						ute Number, City or Tow Cambri			21613
	20e. METHOD OF DISPOSITION Surfel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	ioval from State cemeters	CEAND DATE	ther plecel	,		1 Pa	DATE 20c. LC	Carr		
	21. SIGNATURE OF FUNERAL SERVICE LIN		7	22. P	NAME AN	D ADDRES	SS OF FACI	LITY	s Fu	iner	al Home
	23. PART i. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused the Liet only one ceuse on each a. Due to on as a conduction of the caused that the caused the caused that caused the caused that caused the caused that caused the caused that caused the caused that caused the caused that caused that caused that caused the caused that	line. Car	diop	u1mo	nary		est	iratory er	reat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	b									
PHYSICIAN: MEDICAL (PART II. Other eignificant condition	ne contributing to deeth but n	not resulting	In the un	derlying	ceuee g	given in P	PERFO	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 10 NO
N: N	DID TOBACCO USE	CONTRIBUTE TO CA	AUSE O	F DEAT	TH Y	ES] NO	X			
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	нозрітац:		OTHER		ACE OF DE	EATH (Chec	k only one)			
HYS	1 TYES 12 XNO 27, MANNER OF DEATH	1 Inpatient 2 ER/Outpatier 28s. DATE OF INJURY	18 3 DOA		28c. INJE			Other (Specify) 28d, DESCRIBE HOW	INJURY OC	CURED	
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		JURY M	1 🗌 Y	RK? ES 2] NO				
ETED	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — / building, etc. (Specify)	At home, farm,	street, facto	ory, office			26t. LOCATION (Street City or Town, State		r or Rural F	Route Number,
COMPLETED		ICIAN: To the bast of my knowledge ER: On the basic of examination en									e) end menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Ban	mo)			HSE NUME		29d. DAT	E SIGNED	(Month, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WH	Q COMPLETED CAUSE OF DEATH	(ITEM 27) (No.	Print)		,		<u> </u>		. 1	1 1 1

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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	F DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	EATH		3. TIME OF DEATH
	MARGARET KATH	LEEN E	LOWER			Aug.	13, 1994	YEAR	2133 M
	The second secon	SEX 6. /	AGE (In yrs. lest birthday)	IF UNDER 1 YEA		7. DATE OF BII (Month, Day,	RTH Year)	8. BIRT	HPLACE (State or Foreign try)
	210 14 0330		88 YRS.			Sept.			ryland
TOR	99. FACILITY NAME (If not institution, give street Frederick Memori RESIDENCE OF DECEDENT		tal		n DR LOCATION OF D	EATH		ceder	
DIRECTOR	10e. STATE 10b. COUNTY	erick		Y, TOWN OR LO					10d, INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	ELICK	1 1	hurmont	10f, ZIP CODE				1 X YES 2 NO
FUNERAL	124 East Main Str	eet			21788				States
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	WAS DECEDENT EV FORCES? 1 IF IF YES, GIVE WAR	YES 2 NO	If yes,	BECENDENT OF HISPAI specify Cuben, Mexico (ES 2 ND Specif	en, Puerto Rican,		14, RAC Blac Spec	E — American Indian, ck, White, etc. city: White
C	15. DECEDENT'S EDUCATION	ON .	180. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND	OF BUSINESS/IN	IDUSTRY	
COMPLETED	(Specify only highest grade com Elementary/Secondary (0-12) Co	ollege (1-4 or 5 +)	(Give kind of the Do NOT us		most of working	CI	lothing		
2	17, FATHER'S NAME (First, Middle, Last)		Tacco	-)	18 MOTHER'S NA		Maiden Surname)	_	
	Evers Weddle				Bessi				
BE	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et end Number or Rural			(ip Code)	
5	Donald L. Elower		124 E	ast Mai	n Street	Thurmo	ont, MD	217	88
	200. METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION			20c. LOCATION -		
	1 Buriel 2 Cremation 3 Removal 4 Donation 8 Other (Specify)	from State	Resthave	n Memoi	ial Garde	ns 8/17	7/94 Fre	deri	ck, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENS	E X			AND ADDRESS OF FA	CILITY			Homes, P.A
	Kenny K.	04	2	104	East Main	Street	t Thurn	iont,	MD 21788
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE O	F):					
	6.								
: MEDICAL	PART II. Other algorificent conditions of		Clesu		ring ceuse given in		WAS AN AUTOPSY PERFORMED? YES 2 NO		b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
A	25. WAS CASE REFERRED TO MEDICAL			26	PLACE DF DEATH (C)	heck only one)			
Sic		SPITAL:	/Outpetient 3 DOA	OTHER:		A STATE OF THE STA	-76.3		
BY PHYSICIAN: ME	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJ (Month, Day, Y	JRY 28b. TIM	IE OF 28c.	INJURY AT WORK?		E HOW INJURY O	CCURED	
	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	JURY — At home, ferm, (Specify)	street, factory, o	ffice	28f. LOCATION City or Tow	4 (Street and Numb vn, State)	er or Aural	Route Number,
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O								(e) end manner ae stated.
B	296. SIGNATURE AND TITUE OF CONTINEN	Kn			29c. LICENSE NU		29d. DA	TE SIGNE	D (Month, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON WHO CO								
	Dr. Lloyd E. Halvo	rson, M.I). 1475 Ta	aney Av	e. Freder	ick, M	21701		10 10 10 10
	31. DATE FILED (Month, Day, Year)	32. REDISTRANS	water Revel	3					
_				4					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a four after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

	FOR
1	STATE
•	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICUS

1 - STATE REGISTRAR		CE	RTIF	CATE OF	DEATH		REG. NO			
1. DECEDENT'S NAME (First, Middle, La	st)					2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
Mer	ritt Austin	Edson,	Jr.			1		, 199		10:30 AM
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		6. BIRTH	PLACE (State or Foreign
578-28-2630	1 M 2 🗆 F	72	YRS.	MONTHS DAYS	HOURS MIN.		h, Day, Year)	1922	F1	orida
9a. FACILITY NAME (If not institution, gi	re street and number)			9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COU	NTY OF D	EATH
6413 Dahlonega RESIDENCE OF DECEDENT 100. STATE 100b. COL				Bet	hesda			Mor	ntgom	ery
10a. STATE 10b. COU	NTY		toc. CITY	, TOWN OR LOCA	TION	_				10d. INSIDE CITY
	Montgomer	У		Bet	hesda				ľ	LIMITS7 t ☐ YES 2 🕮 NO
10e. STREET AND NUMBER				10	. ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
10e. STREET AND NUMBER 6413 Dahlonega 11. Marital Status	Road				20816			Uni	ted	States
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 V IF YES, GIVE WAR	YES 2 N	0	If yea, ap	CENDENT OF HISPA ecify Cuban, Maxico 2 NO Specific	n, Puerio		or No-	14. RACE Black Specif	— American Indian, White, atc.
	World Wa									White
(Specify only highest gi	ade completed)	(Gh	ve kind of w	OSUAL OCCUPATION OF MINERAL OCCUPATION OCCUPATION OF MINERAL OCCUPATION OCCUP	ON ost of working	186	. KIND OF BU	SINESS/IN	DUSTRY	
15. DECEDENT'S E (Specify only highest gi Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Lest)	College (1-4 or 5+)	Ship		eler/						
17. FATHER'S NAME (First, Middle, Last)	5+		Na	utical :	Research				loye	d
	atia Dass.				18. MOTHER'S NA	-				
Merritt Au 190. INFORMANT'S NAME (Type/Print)	stin Eason						inifre			
	_				and Number or Rural					
Herbert R. Edso	1	_								ina 29550
1 Burial 2 Tremation 3 R	emoval from State	cemetery, crer	natory or ot		8/6/9		1		City or To	
4 Donation 5 Other (Specify)	LICENSES	Montgo	mery	Cremate	orium, I	nc.	Betl	nesda	ı, Ma	ryland
Duihole (P. KITT		0348	Home/	Bethesda [.]	-Che	y Chas	se, I	nc.,	rey Funeral 7557
23. PART I. Enter the diseases,	or complications that c				nsin Ave	h as can	ethesda diac or mani	ratory ar	20	814-3501 Approximate
shock, or heart failu	re. List only one cause	on each line.								interval Between
IMMEDIATE CAUSE (Finel disease or condition		31.1 T.	C							Onset and Death
reaulting in desth)		dial In								Acute
	2000			•	1 1	52				
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		R AS A CONSEO			ascular 1	Jisea	ase			
If sny, leading to immediate cause. Enter UNDERLYING										
CAUSE (Disease or injury that initiated events	DUE TO (OF	AS A CONSEO	UENCE OF):						
reaulting in death) LAST	4									
	-									
PART II. Other significent condit	lons contributing to de	eeth but not re	esulting i	n the underlyin	g cause given in	Part I.	24a. WAS AN PERFOR	RMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
							1 1 123 2	X NO		OF DEATH?
DID TOBACCO USI	CONTRIBILITE	TO CALIS	SE OF	DEATH Y	/ES ES NI					1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL		TO CAUS	DE OF		ACE OF DEATH (CA		nel			
DID TOBACCO USI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 Yes 2 No 27. MANNER OF DEATH	HOSPITAL:	B/Outpetlant 2	_ pos	OTHER:			47.000			
27. MANNER OF DEATH	28e. DATE OF IN		28b. TIME		URY AT		SCRIBE HOW t	N HIRV OC	CUBED	
	(Month, Day,		INJ	JRY WO	PRK?	200. DE	SCHIBE HOW I	NJURY OC	COMED	
2 Accident Investigate 3 Suicide 8 Could not		N.HIBY — At hor	me lerm e	treet, factory, offic		004.1.00	AT1001 (01	- 401 1	0 -10	
3 Suicide 8 Could not detarmined 4 Homicide detarmined 29a. CERTIFIER (Check only 0ne) 2 MEDICAL EXAM	De building, etc	c. (Specify)		treet, factory, offic		City	ATION (Street a or Town, State)	ing Numbe	or Hural H	oute Number,
29a. CERTIFIER 1 CERTIFYING PH	IYSICIAN: To the best of my	v knowledge, des	ith occurre	d at the time date	and place, and due	to the on	use(s) and mar	etc	tod	
(Check only one) 2 The MEDICAL EXAM	INES On the besis of exam									and menner as stated.
		-///		~				-		
SHO SHUMALUME AND SPILE OF CENT	10/1	9///			29c. LICENSE NU					(Month, Day, Year)
A CO	e HI	1	1	(X)	D07099	,		P	ugus	t 2,1994
30. NAME AND ADDRESS OF PERSON Francis C. Mayle		-			Bethesda	a, Ma	ryland	1 20	817-	1106
							2			
AUG 0 8 19	14 Juka va	urdson-go	maesi							

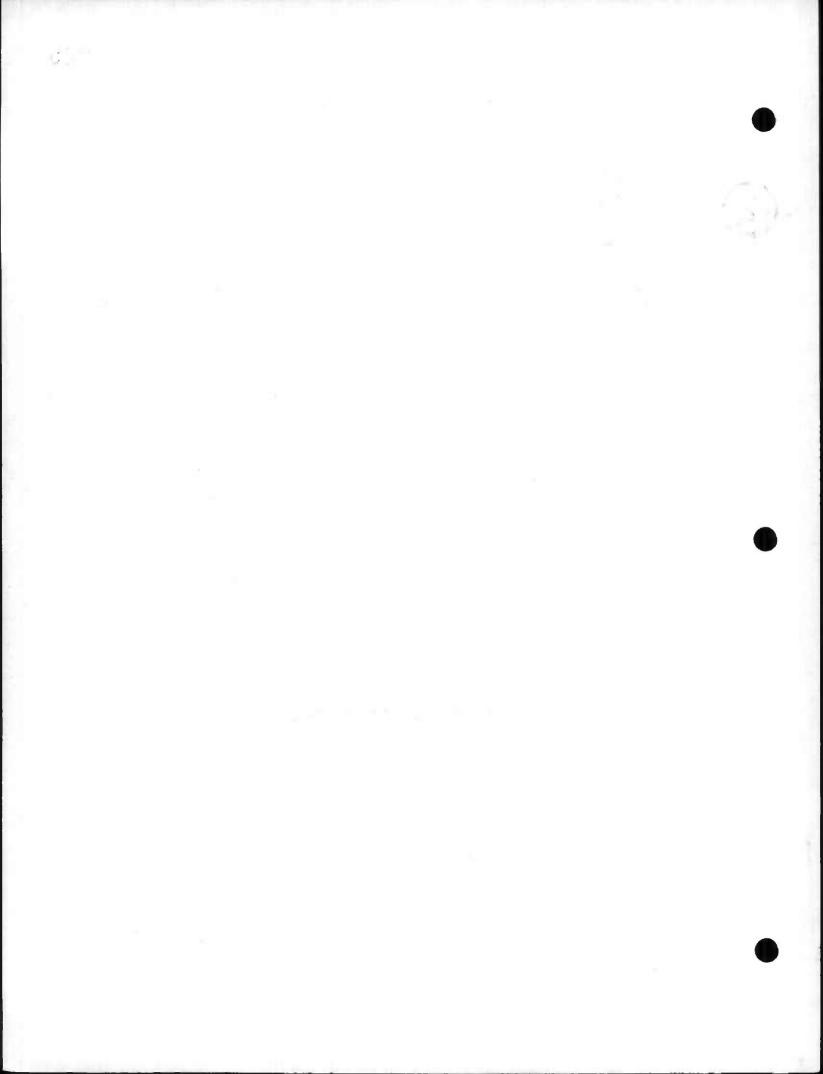


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DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020



1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICALE	OF DE	EALL		REG. NO.				
	t. DECEDENT'S NAME (First, Middle, Lest)							2. DATE OF				3. TIME OF	DEATH
	Eloi	ic		Edwa	ardo			MONTH	D/		YEAR	2.00	Α
	4. SOCIAL SECURITY NUMBER	5. SEX	6 ACE (In um	. last birthday)				Augus					A. M
			b. AGE (In yrs	**	IF UNDER 1 Y	EAR IF L	INDER 24 HRS.	7. DATE OF (Month, E	BIRTH Pay, Ybar)	1911	8. BIRTI	IPLACE (State ry)	or Foreign
	427-24-1129	1 M 2 XF	82	YRS.				Decemb	er 1	6,	Mis	sissip	pi
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TO	WN OR LO	CATION OF DE				INTY OF D		-
E	429 North Hast	David			041-	0-				W			
유	428 North West	DLIAG			211v	er S	pring			Mon	tgom	ery	
ŭ,	10a. STATE 10b. COUNTY	Y		10c. CIT	Y, TOWN OR I	OCATION						10d. INSIDE	CITY
Ë	V111											LIMITS?	?
51	Maryland Mon	tgomery		_ 51.	<u>lver S</u>							1 YES 2	
₹	106. STREET AND NUMBER					10f. ZIP	CODE			10g. CI1	IZEN OF	WHAT COUNTY	TY?
	_304 Timberwood	Avenue					2090	1		U	.S.A		
FUNERAL DIRECTOR	11, MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S	ARMED	13. WAS	DECENDE	NT OF HISPAN	IIC ORIGIN? (Specify Yes	or No-	14, RACI	E — American k, White, atc.	Indian.
	1 Never Married 2 Married	FORCES? 1	YES 2	XNO			Cuban, Maxica		en, etc.)				
BY	3 Widowed 4 Divorced	11 120, 0172 11	AN ON DAILS		'-	TES 2	NO Specify	<i>r:</i>			Spec	-	
	15. DECEDENT'S EDU	CATION	184	. DECEDENT'S	LISUAL OCCI	IDATION		105 1/	ND OF BUS	DIMEGO (IM	DUSTON	White	
E	(Specify only highest grade			(Give kind of life. Do NOT u.	work done duri	ng most of	working	100. K	NO OF BUS	SINE 35/IN	DUSTRI		
ا ت	Elementary/Secondary (0-12)	College (1-4 or 5 +						111	Go Go	WOY13	mont		
Σ		2	11	cavel	Coordi	nato	r	0.1	. 60	verm	ment		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18.	MOTHER'S NA	ME (First, Mid	dle, Maiden	Surname)			
	James	Fdv	ards			1	Rosa						
8	19a. INFORMANT'S NAME (Type/Print)	Little	arus	19b. MAILING	ADDRESS (S		imber or Rural I	Pourte Number	City or Tow	n State 7	in Code)	209	0.1
임	The control of the co											_ 0 /	~ _
	James C. Toler						Avenu						nd
	20a, METHOD OF DISPOSITION 1 D Burlai 2 Cremation 3 Rame	oval from State		CE AND DATE		N (Name of		DATE	20c. LO	CATION -	City or To	wn, Stata	
	4 Donation 5 Other (Specify)		Pai	rklawn	Cemet	erv	8/	12/94	Rock	vill	e. Ma	arvlan	d
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAI	ME AND AD	DRESS OF FA	CILITY					
	N	- () -	0.		FRAN	CIS .	J. COL	LINS H	FUNER	AL H	OME,	INC.	
	Assus?	2 me	2		<u>Б</u> 00	UNIV	ERSITY	BLVD.	, W.	, SI	L. S	P., MD	20901
	23. PART i. Enter the diseases, or o	complications the	t caused the	State Do									
				Geagan, DO	not enter the	e mode D	t dying, suci	n ea cerdie	c or respi	ratory er	rest,	Appro	ximate
	ehock, or heert feilure.	List only one ceu	se Dn eech	line.	not enter the	mode D	t dying, suci	h ea cerdie	c or respi	ratory e	Test,	interv	ai Between
	IMMEDIATE CAUSE /Final	List Dnly Dne ceu	se Dn eech	ilne.								Onset	and Death
	IMMEDIATE CAUSE /Final	List Dnly Dne ceu	se Dn eech	ilne.								Onset	and Death
	IMMEDIATE CAUSE /Final	List Dnly Dne ceu	se Dn eech	ilne.								Onset	and Death
N	iMMEDIATE CAUSE (Final disease or condition resulting in death)	List Dnly Dne ceu	se Dn eech	ilne.								Onset	and Death
rion	IMMEDIATE CAUSE /Final	e. CERE DUE TO b. ARTER	se Dn eech	UAS NSEOVENCE O EROT	CULA 7C (Onset	and Death
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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BALTIMORE, MARYLAND 21215-0020 MMP

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Lest) William En	Shwille	m Marion	Emshwi	ller	2. DATE MONT	OF DEATH		3.	OSS3 M
	213-12-1904	⊠ M 2 □ F 7.	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	July	OF BIRTN h, Day, Year) 20,19	19	Country) India	
TOR	98. FACILITY NAME (If not institution, give street Washington Advent: RESIDENCE OF DECEDENT		1		na Park	EATN			of DEAT	
OTREC	10a. STATE 10b. COUNTY	gomery		v, town on Loc ilver S						d. INSIDE CITY LIMITS? YES 2 XNO
PA PA	10e. STREET AND NUMBER	50.1019			01. ZIP CODE				N OF WHA	T COUNTRY?
BY FUNERAL DIRECTOR	1120 Notley Road 11. MARITAL STATUS 1 Never Married 2 K Married	2. WAS DECEDENT EVER II FORCES? 1 X YES	2 NO	If yea,	20904 ECENDENT OF HISPA specify Cuban, Mexico	en, Puerto		USA or No —	4. RACE — Black, W	Americen Indian, hite, atc.
	3 Widowed 4 Divorced 15. OECEDENT'S EDUCAT		52	USUAL OCCUPA	IS 2 X NO Specifical		. KIND OF BUS		Specify: White STRY	
COMPLETED	(Specify only highest grade co. Elementary/Secondery (0-12) 2	College (1-4 or 5+)	If the Do NOT us			F	ederal	Gove	rnmen	t
	17. FATHER'S NAME (First, Middle, Last) John Patterson Ems	shwiller		·	16. MOTHER'S NA		Middle, Meiden ne Buc			
TO BE	19a. INFORMANT'S NAME (Type/Print)	nshwiller			r end Number or Rural Road Sil	Route Num	ber, City or Town	n, State, Zip C		20904
	20e. METNOD OF DISPOSITION 1 (X) Burlel 2 Cremafton 3 Remove 4 Donation 5 Other (Specify)	ol from State 20b						cation — ci	ly or Town,	State
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Ramsi		Franc	and address of Fa is J. Col Universit	llins	Funer	al Ho	me, I	nc.
	23. PART i. Enter the diseases, or corehook, or heert failure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	st only one ceuse on e	Ina.	not anter tha n	node of dying, aud	ch aa car	diac or reapi	ratory arre	et,	Approximata Intervel Between Onaat and Death
NOI	Sequentially liet conditions, b.	CHRON	CONSEQUENCE O	TIVE	HGPATI	TIS	5			
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CERT	reauiting in daeth) LAST									
DICAL	PART II. Other algnificant conditions of	T CEREL	ut not resulting	In the underly	ng cause given in	Part I.	24a. WAS AN PERFOR	MED?	CO	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN: MEDICAL		DENT								YES 2 NO
SICIA		IOSPITAL:	patient 3 DOA	OTHER:	PLACE OF DEATH (CI					
ву РНУ	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Yeer)	28b. TIM	URY	NJURY AT WORK? YES 2 NO	26d. DES	SCRIBE NOW II	NJURY OCCU	RED	
	3 Suicide 6 Could not be 4 Nomicide determined	28s. PLACE OF INJURY building, etc. (Spec	— At home, ferm,	street, fectory, of	lica	281. LOC City	ATION (Street a or Town, State)	and Number o	Rural Route	Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA EXAMINER:	N: To the best of my know								d manner as stated.
TO BE	296. SIGNATURE SHIP THE OF CENTRES	intro 1	PARKHUI	rst ml	D24	MBER 9 3	3	29d. DATE :	_ / /	onth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO O 7305 BACT. A 31. DATE FILED (MORITI, Day, Year)	COL	ATN (ITEM 27) (Type	Print)	D24.	20	740)		
	AUG 0 4 1994	32. REGISTRAR'S SIGN	son-fandel	2					· <u>-</u>	DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21215-0020	a nours after death. Page 6 may be retained by the hospital or attending physicial
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERT	IFICALE	OF DEAT	Н	REG. N	0.		
1. DECEDENT'S NAME (First, Middle, Last	0					2. DATE OF DEATH	DAY	3	TIME OF DEATH
BEULAH HORT	ON	FOREMAN	V			AUG.10		YEAR	10:45AM
4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthde		1 YEAR IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTHPL	ACE (State or Foreign
214-28-7353	1 DMFEMALE	89 YR	B. MONTHS	DAYS HOURS	MIN.	Jul 12		MADV	TAND
9e. FACILITY NAME (If not institution, give		09	9h CITY	TOWN OR LOCATIO	ON OF DE			NTY OF DEA	
MEDIDIAN NUDGIN	O ODVEDD					A111			
MERIDIAN NURSIN	G CENTER		F	REDERICK			FK	EDERI	CK
10e. STATE 10b. COUN	TY	10c,	CITY, TOWN O	R LOCATION				1	d. INSIDE CITY
MD F	REDERICK	J	JNION 1	BRIDGE					LIMITED NO
10e. STREET AND NUMBER				10f. ZIP CDDE			I son CIT		AT COUNTRY?
11403 HOUCK RD.					217	91	log. on		S.A.
11. MARITAL STATUS	12. WAS DECEDENT EVE		Las				1		
1 Never Married 2 Merried	FORCES? 1 Y	ES 2 NO	- 11	f yes, specify Cuber	n, Mexicar	IC ORIGIN? (Specify n, Puerto Ricen, etc.)	res or No-	14. RACE	American Indian, Vhits, etc.
3 Widowed WIdowed	NO	R DATES	1 1	YES 2 NO	Specify			Specify:	ITE
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(Specify only Nighest gre-	de completed)	(Give kind	of work done of	furing most of working	v	HIEL KUMU OF I	IUSIMESS/INI	MINIME	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Jan. 1992	and the same				ar man		
6		HOMEN	IAKER				MOH M	E	
17. FATHER'S NAME (First, Middle, Last)				18. MOTH	HER'S NAM	ME (First, Michalis, Maid	en Sumame)		
WILLIAM A. HORT	ON				MAR	GARET STA	TER		
THE. INFORMANT'S NAME (Type/Fred)		190. MAIL	ING ADDRESS	(Street and Number	or Runsi A	bute Number, City or 1	lwn, State, Zij	Code)	
JUNE E. GLISAN		1250	2 OLD	ANNAPOL	IS M	T. AIRY		MD	21771
20s. METHOD OF DISPOSITION DIS	URTAL	20b. PLACE AND DA	TE OF DISPOSI				LOCATION	City or Town	State
4 Donation 5 Other (Specify)	THE PERSON NAMED IN COLUMN NAM	METHOI		EMETERY		8/13	TAVIO	RSVII	LE. MD
21. SIGNATURE OF FUNERAL SERVICE	LOENIBE / /	- 7	of colorated and green basis	NAME AND ADDRES	SS OF FAC	and the same of th			& SONS
of other . (1 1. 00	7 /		T.T.	NTON	BRIDGE.		TALLER	& SONS
(allarine)	1. THANK	ev		U	NTON	DK I DUTE	THE		
23. PART I. Enter the diseases, or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. List only one cause o	Poly	nno		ng, such			reat,	
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO (OR A	AS A CONSEQUENCE	M M o E OF): Y CL J LL E OF):					reat,	Interval Betw
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	nours after death. Page 6 may be retained by the hospital or attending physician.	-
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.	d in by the funeral director, page 5 should be detached for use as the burial-transit permit or removal.	- Million

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM	ENT OF H	EALTH AND DEATH	MEN	ITAL HYGIEN	E					
	1. DECEDENT'S NAME (First, Middle, Last)						DATE OF DEATH			3. TIME OF DEATH			
	Margaret M. Fa	irlamb			August 9 1994 4:17 p								
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yr		NDER 1 YEAR	IF UNDER 24 HRS.	7. 0	ATE OF BIRTH		8. BIRTH	PLACE (State or Foreign			
	221-03-3894	1 □ M 2 🔀 F (32 YRS. MONT	HS DAYS	HOURS MIN.		Month, Day, Year) Cember 20	191	Country 1 D	elaware			
5	9e. FACILITY NAME (If not institution, give street	et end number)	9b.	CITY, TOWN C	R LOCATION OF		CHIDCI Z	9c. COUN					
OH	115 Riverside Driv		Ceci.	1									
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY												
E	100.000111	1	10c. CITY, TO		ION					10d. INSIDE CITY LIMITS?			
C 2	Maryland Ceci	<u>T</u>	NOTE	n East		1 YES 2 NO							
FUNERAL DIRECTOR	115 Riverside Driv			101.	States								
JNE		12. WAS DECEDENT EVER IN U.S	tours T			190							
	1 Never Merried 2 Married	FORCES? 1 YES 2	⊠ NO	If yes, spe	city Cuban, Mexic	en, Pu	RIGIN? (Specify Yee arto Rican, etc.)	or No-	14. RACE Black	American Indian, White, atc.			
В	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DATES	·	1 TYES	2 ⊠ NO Spec	Hy:		- 1	Specif	White			
COMPLETED	15. DECEDENT'S EDUCA	TION 16s	DECEDENT'S USUA	L OCCUPATIO	N		16b. KIND OF BUS	INESS/INDL	STRY				
Ħ	(Specify only highest grade co	College (1-4 or 5+)	(Give kind of work of life. Do NOT use retir	one during mos ed.)	t of working								
AP.		4	Nurse				Private	Duty	Nu	rsing			
Ö	17. FATHER'S NAME (First, Middle, Last)	in_ =111			18. MOTHER'S N	AME (F	irst, Middle, Meiden	Sumame)					
BE (Howard Moore				Mary	Hei	sler						
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street a	nd Number or Rura	Route	Number, City or Town	, State, Zip	Code)				
F	Mary F. Blomquist		115 Riv	erside	Drive,	No	rth East	, MD	219	901			
	26a. METHOO OF DISPOSITION 1 □ Buriel 2 □ Cremation 3 □ Remove		CEAND DATE OF DIS				OATE 20c. LOC	CATION — C	ity or Tov	wn, State			
	4 Donation 5 Other (Specify)	Cha	rlestown	Cemet	ery	8,	/12/94	Charl	esto	own, MD			
	21. SIGNATURE OF FUNERAL SERVICE LICENTEE 22. NAME AND ADDRESS OF FACILITY. Crouch Funeral Home												
	Wobat 1.	None						orth	Eas	t, MD 21901			
	23. PART I. Enter the diseases, or con	mplicetione that ceused the	deeth. Do not e	nter the mod	le of dying, su	ch aa	cardiec or respli	ratory erre	st,	Approximate			
	IMMEDIATE CAUSE (Final	st only one ceuse on eech	line.							Interval Between Onset and Death			
	disease or condition mesuiting in death) a. Me Has Ha L. Disease Due TO (OR AS A CONSEQUENCE OF):												
	to soliting in country	DUE TO (OR AS A CO	NSEQUENCE OF):							1			
z	Samuellally list and disease b.												
Ĕ	Sequentially list conditione, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
2	cause. Enter UNDERLYING CAUSE (Disease or Injury												
Ë	that initiated events resulting in death) LAST	OUE TO (OR AS A CO	NSEQUENCE OF):										
CERTIFICATION	d.												
AL (PART II. Other eignificent conditione	contributing to deeth but n	ot resulting in the	underlying	ceuse given in	Pert	1. 24s. WAS AN		24b.	WERE AUTOPSY FINDINGS			
S							PERFORI			AMAILABLE PRIOR TO COMPLETION OF CAUSE			
Ä									- 1	OF DEATH?			
PHYSICIAN: MEDIC													
Y N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL.	CE OF OEATH (C	heck on	ly one)						
Si		OSPITAL: Inpatient 2 ER/Outpatien		1ER: Nursing Home	5 - Residence	6 🗆 (Other (Specify)						
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJU		28d.	DESCRIBE HOW IN	JURY OCCU	JREO				
BY	1 Netural 5 Pending 2 Accident Investigation				ES 2 NO								
	3 Suicide 8 Could not be	28e. PLACE OF INJURY — A building, etc. (Specify)	t home, farm, street,	factory, office		28t. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)							
COMPLETED	4 Homicide datermined						400						
P	29e. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledge	o, death occurred at t	he time, date	end place, and du	e to the	cause(e) end man	ner as state	d.				
O		On the beele of examination and								end menner se stated.			
	THE SIGNATURE AND TITLE OF CERTIFIER	- 1		T	29c. LICENSE NU	MBER		29d. DATE	SIGNED	(Month, Day, Year)			
3 BE	() M(8	. 7/_			D31	12	95	▶ ∩	8-	10.94			
일	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)		1				U				
	3 Maudin	Ave	MAN	n Eas	+ mi	1	21901						
1	AIG 1 2 94	1932, REGISTRAR'S SIGNATURE	ndelle.		7								
	AUG 1 2 '94	PER LINE AND ADDRESS OF THE PERSON AND THE PERSON A											

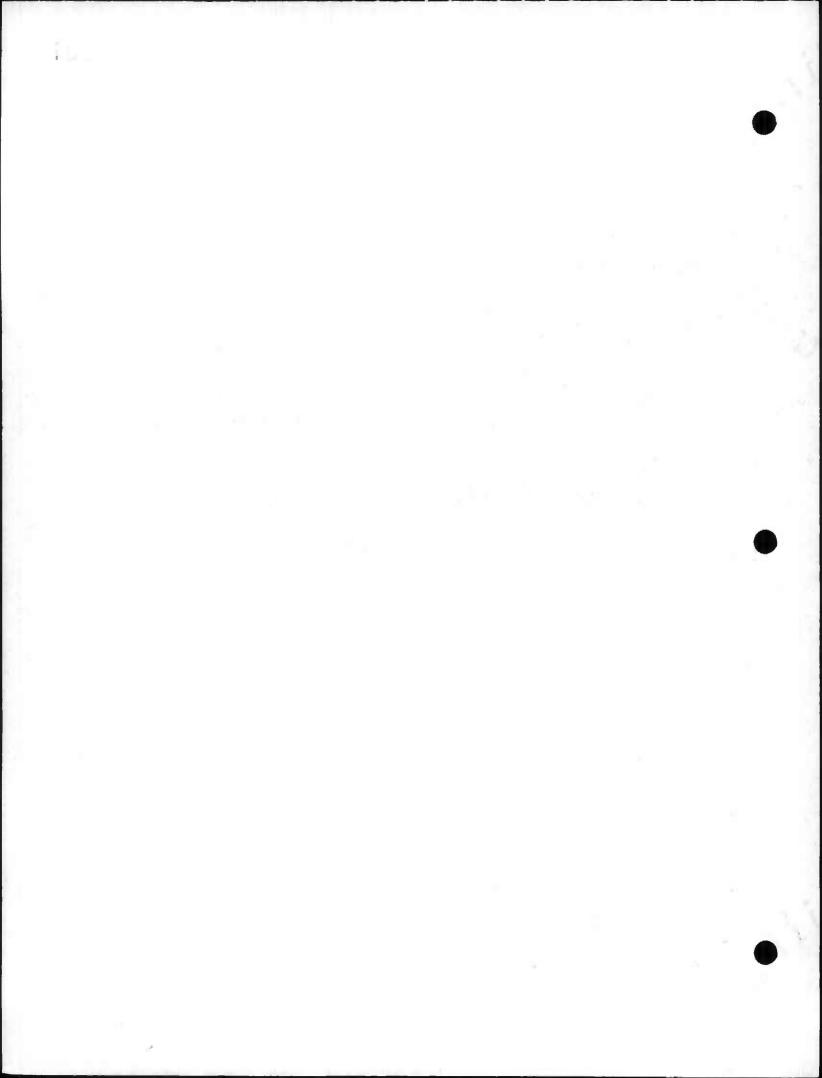
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		Derm	
BALTIMORE, MARYLAND 21215-0020	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Ex nours after death. Page 6 may be retained by the hospital or attending physician.	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm	or removal
USION OF VITAL RECORDS, P.O. BOX 68/60,	HYSICIAN: The law requires that the death certificate be executed within z	his certificate has been signed by the attending physician and completely fi	after death with the State Dept. of Health and Mental Hydiene prior to burial. Cremation, or removal
NOIS	ATTENDING F	CTOR: After t	s after death

	FOR STATE REGISTRAR	STATE OF MARYL	CERTIFIC	MENT OF H		MENTAL HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)	EARL FRANCI	S FUNK			2. DATE OF DEATH		3. TIME OF DEATH			
	Earl		1-4n	K		MONTH DA	Y YE	4:054			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. B	IRTHPLACE (State or Foreign			
1	204-01-6722	1 2 M 2 D F	73 YRS.	IONTHS DAYS	HOURS MIN.	(Month, Day, Year) 9/12/192() Pe	nnsylvania			
	9e. FACILITY NAME (If not institution, give :	street and number)		96. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY (
8	Frederick Memor	ial Hospital		Freder	ick		Fred	erick			
DIRECTOR	RESIDENCE OF DECEDENT										
1,2			200	TOWN OR LOCATI	ON			10d. INSIDE CITY LIMITS?			
0		derick	Fred	lerick				1 TES 2 NO			
	100. STREET AND NUMBER			10f.	ZIP CODE			OF WHAT COUNTRY?			
FUNERA	10213 Allview Dr				21701		U.S	.A.			
5	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 X YES	2 NO			IC ORIGIN? (Specify Yes , Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.			
B	3 Widowed 4 Divorced	WWII	ATES	1 TYES	2 XNO Specify		Specify: White				
8	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S U	SIIAI OCCUPATIO	м	16b. KIND OF BUS	INCOCUNION INCOC				
	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of wo	rk done during mos	t of working	100. KIND OF BUS	MESS/INDUSTR	17			
14	12 years	(0-12) College (1-4 or 5+) U.S. Government									
COMPL	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Maiden :	Sumama)						
U U	Jacob David Funk			İ		lae Cool	Jonnainey				
00	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street on		oute Number, City or Town	State Zin Code	<u> </u>			
일	Margaret H. Funk					ederick, N		•			
	20e. METHOD OF DISPOSITION	20b.	PLACE AND DATE OF				ATION - City of				
	1X Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		etery, cremetory or other			8/10 Wood	,				
	21. SIGNATURE OF FUNERIAL SERVICE LA		/	22. NAME AND	ADDRESS OF FAC	ILITY					
1 1	ROBERT E. DAILEY & SON FUNERAL HOMES, P.A. 1201 NORTH MARKET ST. FREDERICK, MD 21701										
\vdash	Jakot C	Lavery	//					K, MD 21701			
1 1	23. PART I. Effor the diseases, or shock, or heart failure.	List only one cause on in	The deeth. Do no ich line.	t enter the mod	le of dying, such	ss cerdiec or respir	retory arrest,	Approximats interval Between			
	IMMEDIATE CAUSE (Fine) Onset and Dea										
	disease or condition resulting in death) a. Sepsis DUE TO (OR AS A CONSEQUENCE OF):										
ATION											
NO I	Sequentielly list conditions, If any leading to immediate b. Hemolytic uremic Syndrome Due to (or as a ponsequence of):										
AT	cause. Enter UNDERLYING										
윤	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	resulting in deeth) LAST										
11	DART II Other significant conditions contribute to dark the significant conditions contribute to the significant conditions contribute to the significant conditions contribute to the significant conditions contribute to the significant conditions contribute to the significant conditions contribute to the significant conditions contribute to the significant conditions contribute to the significant conditions contribute to the significant conditions contribute to the significant conditions contribute to the significant conditions contribute to the significant conditions contribute to the significant conditions contribute to the significant conditions contribute to the significant conditions conditions contribute to the significant conditions condition										
	PART II. Other significent conditions contributing to deeth but not recuiting in the underlying ceuse given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?										
8	FORTIC VAIV	e replace	ment			1 YES 2	NO	COMPLETION OF CAUS OF DEATH?			
MEDIC.						_ _		1 YES 2 NO			
ä	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF I	DEATH YE	S NO	9	ŀ				
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBYTAL:			CE OF DEATH (Che	ck only one)					
YS!	1 YES 2 70	1 m Inpatient 2 - ER/Outpu		OTHER:	5 Residence	Other (Specify)					
РНҮ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJU	RY AT	26d. DESCRIBE HOW IN	JURY OCCURE	0			
ВУ РН	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO	_					
8	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, atr	eet, factory, office		26f. LOCATION (Street et City or Town, State)	nd Number or Ru	ral Route Number,			
릴		ICIAN: To the best of my knowle									
8	one) 2 MEDICAL EXAMINE	R: On the beels of examination	end/or investigation,	In my opinion, de	ath occured at the	lme, date end place, end	due to the ceu	se(s) end menner ee stated			
O BE COM	296, SIGNATE AND TITLE OF CENTURE	11.111			29c. LICENSE NUM	BER	29d. DATE SIG	NED (Month, Day, Year)			
	66 204	rophtat 1	De		7 35	763	1 81	16/911			
일	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, P		11 2 1		- 5/	7/17			
	HI J. AF	Took teh	300	wate	154	Freder	-10h	MID			
l	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE	*		1 4 5	10-1				
	AUG 0 8 199	14 Stella diller	charle of the	1							

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician,	ed in by the funeral director, page 5 should be detached for use as the burial-trail or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with nouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trail be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	IENT OF H	EALTH AND	MENTAL HYGIEN								
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH						
- 0	Meda	В.	Frain			Aug 3. 19		10:20PM M						
- 83	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign						
	579-22-1567 9a. FACILITY NAME (If not institution, give s	79-22-1567 1 M 2 KF 90 YRS. MONTHS DAYS HOURS MHN. Jan. 26, 1904 K												
œ		reet and number)	96		R LOCATION OF D		9c. COUNTY OF	DEATH						
DIRECTOR	1 Turley Court			Nor	th Potom	ac	Montgo	omery						
HE I	10e. STATE 10b. COUNTY	ı	t0c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?						
		tgomery	No	rth Po	tomac			1 YES 2 NO						
¥	10a. STREET AND NUMBER		·	101	ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?							
FUNERAL	l Turley Court				20878		United	States						
필	1t, MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES				NIC ORIGIN? (Specify Yearin, Puarto Rican, atc.)	or No- 14. RAG Ble	CE — American Indian, ck, White, aic.						
B	3 XWIdowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	t 🗌 YES	2 X NO Specif	у:	Spe	White						
- 4	15. DECEDENT'S EDU	CATION	18a. DECEDENT'S USU	IAL OCCUPATION	IN .	16b. KIND OF BUS	SINESS/INDUSTRY	MILLCE						
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo tired.)	st of working	0.0000000000000000000000000000000000000								
린		2	Crypto	logist		National	Securit	y Agency						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)							
BE (Tyre L. Bever				Nelli	e Maude Hu	11							
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town								
	Henry H. Frain					Potomac,								
	20a. METHOD OF DISPOSITION 1 N Burial 2 Cremetion 3 Rem	oval from State 20b.	PLACE AND DATE OF D	ISPOSITION (Na place)	me of	DATE 20c. LO	CATION — City or							
	1 R Burlal 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Cedar Hill Cemetery 8/6/94 Suitland, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	Robert A. Pumphrey Funeral Home/Rockville.													
	Rockville, Maryland 20850-2805													
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List pnly one cause on each line.													
	IMMEDIATE CAUSE (Final disease or condition													
	resulting in death)	. Metast	er		23 years									
	DUE TO (OR AS A CONSEQUENCE OF):													
o o	Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF):													
CAT	cause. Enter UNDERLYING	CAUSE (Disease or injury that initiated eventa DUE TO (OR AS A CONSEQUENCE OF):												
Ě	that initiated eventa													
CERTIFICATION	resulting in desth) LAST													
AL C	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. 24s. WAS AN AUTOPSY PINDINGS													
S S	Parkinson's	Disease				1 YES 2	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE						
	Atrial Fibri	llation				_ ' ' ' ' '	X NO	OF DEATH? 1 YES 2 NO						
ä														
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)								
YSIG	1 TYES 2 NO	1 Inpetient 2 ER/Outp		THER: Nursing Hom	e 5 💢 Rasidenca	8 Other (Specify)								
PH	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		URY AT RK?	28d. DESCRIBE HOW II	NJURY OCCURED							
B	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO									
	3 Suicide 8 Could not be 4 Homicide determined	28a, PLACE OF INJURY building, atc. (Spec	— At home, farm, stree fy)	t, factory, office		281. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,						
						<u> </u>								
MP		CIAN: To the best of my knowl												
COMPLETED	2 MEDICAL EXAMINE	R: On the basis of examination	and/or investigation, in	n my opinion, d	eath occured at the	time, data and place, an	d dua to the cause	(s) and manner as stated.						
BE	296. SIGNATURE AND TITLE OF CERTIFIES	DIAMA	MAST		29c, LICENSE NUI	MBER	and the second second	D (Month, Day, Year)						
9	XVIVIVIV	VW IW	VV)		D38589		Augus	t 4, 1994						
	Jona Man Plotsky				nd Pagle	rillo ve	··lan- ^	0050						
	Jonathan Plotsky,			ove RO	au, KOCK	ville, Mar	yiand 2	0850						
	AUG 0 8 1994	32. REGISTRABIS SIGN	n-Aandell											



	FOR
1	STATE
1	REGISTRAR

	1 - STATE REGISTRAR		SIMIE UF I	MANTL		ran H	ICATE	OF H	DEAT	TH	MEN		EG. NO				
	1. DECEDENT'S NAME (First, Middle			TORTE OF BEATTI				2. DATE OF DEATH					3. TIME OF DEATH				
	Jane E. Fishe									onth Igus		AY 19	94	3:19 P M			
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE	(In yrs. last birth	day)	IF UNDER t	YEAR	IF UNDER	24 HRS.	7. D	ATE OF I	BIRTH	,	8. BIRT	HPLACE (State or Foreign	
	577-24-9687	1 🗌 M 2 💢 F		83 YF	RS.	MONTHS	DAYS	HOURS	Men.	De	Month, Da	9, 16er) 20.	1910	Coun	ryland		
	9e. FACILITY NAME (If not institution, give street end number)					\neg	9b. CITY, T	rown o	R LOCATI	ON OF DI			20,		JNTY OF		
FUNERAL DIRECTOR	Kensington Gar	Kensington Gardens Nursing					Kens	sing	gton						tgom		
	10e. STATE 10b. (10c	CIT	Y, TOWN OR	LOCAT	ION			-				10d. INSIDE CITY			
5	Maryland Mo			311	ver S	Spri	no							LIMITS?			
اير	10e. STREET AND NUMBER					/	VCI		ZIP COD	E		10a, CITIZEN				WHAT COUNTRY?	
	416 Whitestone	Ro	ad					1 3	20901	1						ed States	
Ē	11. MARITAL STATUS		12. WAS DECEDEN	T EVER II				VIC OF	RIGIN? (S	pecify Ye		14. BAC	E — American Indian.				
COMPLETED BY	1 Never Married 2 Merried IF YES, GIVE WAI						16.3	yes, spe	2 XNO	n, Mexico	n, Pur	erto Rice	n, etc.)		Spec	ck, While, etc.	
	15. DECEDENT				16a. DECEDE	NT'S	USUAL OCC	UPATIO	N		\neg	16b. KIN	D OF BU	ISINESS/IN	OUSTRY	WIII	
	(Specify only highes Elementary/Secondary (8-12)	st grade o	completed) College (1-4 or 5		(Ghra kin	d of v	vork done du e retired.)	ring mo:	st of working	79							
	200000000000000000000000000000000000000		1	,	Super	ví	sor					Pul	nlie	hing	ina		
	17. FATHER'S NAME (First, Middle, Li	ast)							18. MOTI	HER'S NA	ME (Fi			Surname)			
	John E. Poole									ıra 1				,			
2	19e. INFORMANT'S NAME (Type/Prin	nt)			19b. MAI	LING	ADDRESS (Street e					City or Tra	vn. Stata 7	in Codel	*	
2	George McCaule	v														vland 20001	
	20e. METHOD OF DISPOSITION	J		201	D. PLACE AND D					iu, i	Silver Spring, Maryland 209						
ĺ	tXCVBuriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specific	сед	netery crematory	or of	ther place)	oto	****										
	tX/Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Cemetery, crematory or other place) ROCK Creek Cemetery 8/11 Washington, D.C.												, D.C.				
-	1. 5	_ =	1	-									al H	ome,	Inc		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate																
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):																
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): d.																
	PART II. Other significant cor	ing i	n the und	eriying	PERFORMED? 1 YES 2 NO OF DEATH?					b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO							
	25. WAS CASE REFERRED TO MEDI	CAL I				_		28 54	ACE OF O	EATH (O)	nak -	h osal					
	EXAMMER? HOSPITAL: OTHER:																
	27. MANNER OF OEATH	1 DA Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28e. OATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. OEŞCRIBE HOW								BI HIRW OV	OCUPED						
- 1	Netural 5 Pendin	9	(Month, L	lay, Year)	200		URY M	WO		T NO	200.	DEŞCHI	BE HOW	INJUNY O	COMED		
	2 Accident Investigation					orm o	trael factor				201	1 OCATIO	M (Ctmat	and Month		On to Manha	
ď.	3 Suicide 8 Could not be 4 Homicide 8 Could not be determined 28.9. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street City or Town, State								end Number or Rural Route Number,)								
			IAN: To the best of													(e) end menner ee stated.	
	296. SIGNATURE AND TITLE OF CE	Dhe	emler						29c. LICE	345	HBER 36	•		29d. DA	B. 9	O (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON	KH KH	ALLD 1	199	- Lan	nb	Print)	9	nin	Q	5:	Ong	8	أدار	mi	20902	
	31. DATE FILED (Month, Day, Year) AUG 1 1	199	4 Juli	R'S SIGN	dson-Ra	nola	82										

DIVISION OF VITAL RECORDS, P.O. BOX 68760

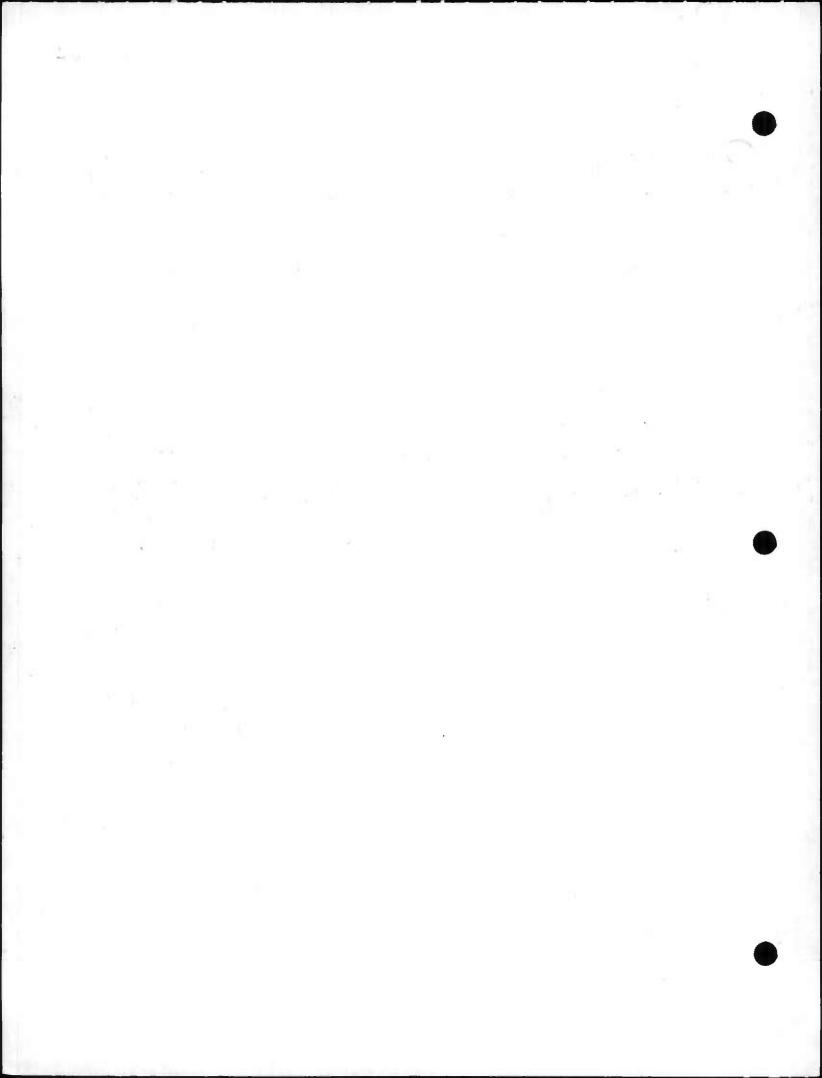
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. About after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DHMH-18 Rev 1/89



1	-	FOR STATE REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020

1 - STATE REGISTRAR	CIAIE UF MARTLAND	ERTIFIC				WENTAL H	EG. NO.			
1. DECEDENT'S NAME (First, Middle, I		0				2. DATE OF D		,	VEAD	3. TIME OF DEATH
i h	omas Aquinas	Fenne	1/			8 -	- 3	-	94	34 PM
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. let		UNDER 1 YEA		24 HRS.	7. DATE OF BI	IRTH Year)		8. BIRTH Countr	IPLACE (State or Foreign
577-40-4626	1X□ M 2 □ F 69	YRS.	HINS DAY	HOURS	MIN.	July 2	4,19	25		ington, DC
9a. FACILITY NAME (If not institution,	give street and number)	91	CITY, TOV	N OR LOCATION	ON OF DE	ATH		9c. COU	NTY OF D	EATH
	Hospital		Silv	er Spr	ing			Mor	itgon	nery
RESIDENCE OF DECEDENT 10a. STATE 10b. CO		10c, CITY, T	OWN OR LC	CATION						10d. INSIDE CITY
Maryland M	lontgomery	Sil	var S	pring						LIMITS?
10e. STREET AND NUMBER		011	1	101. ZIP CODI				10a, CIT	IZEN OF V	VHAT COUNTRY?
12314 Feathe	erwood Drive				2090)4			J.S.A	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AF		13. WAS	DECENDENT O	F HISPAN	IIC ORIGIN? (Sp	ecify Yea		14. RACE	— American Indian.
1 Never Married 2 Married	FORCES? 1 XYES 2 IF YES, GIVE WAR OR DATES	NO	If yea	, specify Cuba YES 2 ☑ NO	n, Maxica	n, Puarto Rican,	atc.)		Black Speci	k, White, atc.
3 Widowed 4 Divorcad	WWII			A				i		White
15. DECEDENT'S (Specify only highest	grade completed) (G	ECEDENT'S USI	done during		g	16b. KING	OF BUSI	NESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	. Do NOT use re Countai								
17. FATHER'S NAME (First, Middle, Las		countai	11.				cret	_		
	,					ME (First, Middle				
Aloysius 19a. INFORMANT'S NAME (Type/Print)	S. Fennell	h MAILING AO	OBESS (Sta	Ma Mumba		Route Number, Ci		rogn		
Eileen Frances									,	yland_20906
20a. METHOD OF DISPOSITION	20b PLACE	ANDDATEOFD			ne,	DATE			City or To	
1X Burial 2 Cremation 3 4 Donation 5 Other (Specify)	Ramoval from State cemetary, cre Gate	of Hea	place) aven	Gemete	876/	1			•	g, Maryland
21. SIGNATURE OF FUNERAL SERVICE				E ANO ADDRES				-	PLAN	g, naryzana
> 1()	I) 7/ 10		FRAN	CIS J.	COL	LINS F	UNER	ALE	OME,	INC.
23. PART I. Enter the diseases.	or complications that caused the de	eeth Do not	enter the	MOde of dvi	PUTIT	BLVD.	y W.	, 51	L. S	P., MD 20901
ehock, or heart fell	ure. List only one ceuse on each line	B.	017101 1110	mode or dy	irg, soci	I all cordioc	or reapin	etory er	eut,	interval Between
IMMEDIATE CAUSE (Finel disease or condition	Mere:	T	/	1/						Onset and Death
resulting in death)	e. OUE TO (OR AS A CONSE	QUENCE OF:	10	me			-			1-10 days
	- severe ch	mi a	1-1	- tris	1.	ny dis	Pad			20110
Sequentielly list conditione, if any, leading to immediate	DUE TO (OR AS A CONSE	OUENCE OF):	0.00	0000	700	7 20				Jean
ceuse. Enter UNDERLYING CAUSE (Disease or injury	с									
that initiated eventa	DUE TO (OR AS A CONSE	OUENCE OF):								
reaulting in deeth) LAST	d									
PART II. Other aignificent cond	itione contributing to death but not	recuiting in t	he underi	ying ceuse o	iven in	Part i. 24a.	WAS AN A	UTOPSY	24b.	. WERE AUTOPSY FINDINGS
severe per	phend inscular	disea	se				PERFORM		1	AMAILABLE PRIOR TO COMPLETION OF CAUSE
Dem B.						' _	1 63 2	Merror.		OF DEATH?
										1 120 2 1 10
25. WAS CASE REFERRED TO MEDIC			26	. PLACE OF D	EATH (Ch	eck only one)				
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3		THER:	fome 5 🗆 Ra	aldenca	6 Other (Spe	icity)			
27. MANNER OF BEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c.	INJURY AT WORK?		28d. DESCRIB		JURY OC	CURED	
1 Natural 5 Pending 2 Accident Investigat				YES 2	NO NO					
3 Sulcida 8 Could no		ome, tarm, stree	et, tactory, o	ffica		28f. LOCATION City or Tow		d Numbe	r or Rural F	Route Number,
4 Homicide detarmine	Pa									
	HYSICIAN: To the best of my knowledge, de	eath occurred a	t the time,	lata and placa	and dua	to the cause(a)	and mann	ver as sta	ted.	
one) 2 MEDICAL EXA	MINER: On the beals of examination and/or	Investigation, I	n my opinio	n, dasth occur	ed at the	time, data and	placa, and	dua to t	he cause(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERT	UFIER			29c. LICE	NSE NUN	IBER		29d. DAT	E SIGNEO	(Month, Day, Year)
Marid (1	: Hass up			L P	239	11		▶ (8/31	194
(1)	WHO COMPLETED CAUSE OF DEATH (ITE	ld free	ing ets	un R		Betz	esdo	, /	ud.	20814
31. DATE FILED (Month, Day, Year) AUG 0 8 1	994 32. BEGISTRAP SICHATURE	fandelle		-				1		

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pering filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 . STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

* REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	10.		
1. DECEDENT'S NAME (First, Middle, Les	ARRIE GAUG	.H	- 1133	T O	2. DATE OF DEATH	DAY 9/	YEAR	TIME OF OEATH
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In vrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	, ,,		6:00 P
220-18-4842	1 🗆 M 2 💢 F	91 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Dey, Year, 5-21-(Country)	yland
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUN	ITY OF DEA	
Meridian Nursin RESIDENCE OF DECEDENT 10e. STATE 10b. COUN Maryland B 10e. STREET AND NUMBER 16 Fusting Aven: 11. MARITAL STATUS	g Home		Caton	sville		Ba	altimo	ore
10e. STATE 10b. COUN	TY	10c. CIT	Y, TOWN OR LOCA	ATION			-10	Od. INSIDE CITY LIMITS?
Maryland B	altimore	C	atonsvi.	lle			1	YES 2 NO
100. STREET AND NUMBER			.1	of, ZIP CODE		10g. CITI	ZEN OF WH	AT COUNTRY?
16 Fusting Aven				21228		Uni	ited :	States
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced		TEVER IN U.S. ARMED YES 22 NO AR OR DATES	If yes, a	CENDENT OF HISPAI pecify Cuban, Maxica S 2 NO Specifi	NIC ORIGIN? (Specify in, Puarto Rican, etc.) y:	Specify:	RACE — American Indian, Black, While, etc. Specify: White	
15. DECEDENT'S E		16a. DECEDENT'S	USUAL OCCUPAT	ION	18b. KIND OF	BUSINESS/IND		LE
(Specify only highest gra	de completed) College (1-4 or 5+)	His Do MOT u	work done during man retired.)	ost of working				
8th		Seamstr	ess		Re	etail		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maid	fen Surname)		
Samuel	Chaney			Anni	e unl	cnown		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or	Town, State, Zip	Code)	
Jacklyn Myers		3457	Baker I	Road West	minister	MD 211	157	
20s. METHOD OF DISPOSITION 1 🔀 Burlet 2 🗆 Cremation 3 🗆 Re 4 🗆 Donation 5 🗆 Other (Specify)	moval from State	20b. PLACE AND DATE cemetery, crematory or o	other place)	lame of	1	LOCATION -		
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Loudon P		ND ADDRESS OF FA	8/11 Ba	ILLIMOI	re, M)
1. Harris	x. W/	16	Harr	H. Witz	ke Funera			City 2104
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF		- Diges	<u>.</u>			
PART II. Other algnificant conditions and the conditions are also also also also also also also also	ona contributing to	death but not resulting	In the underlyle	ng cause given in	PERI	AN AUTOPSY FORMED?	A C	ERE AUTOPSY FINDING WILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26.1	PLACE OF DEATH (Ch	ant ant and			
EXAMINER?	HOSPITAL:	ER/Outpatient 3 DOA	QTHER:					
27. MANNER OF DEATH 1 Netural 8 Pending	28e. DATE OF (Month, De	INJURY 28b. TIR	AE OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HO	W INJURY OCC	CURED	
2 Accident Investigation 3 Suicide 8 Could not b	28a. PLACE OF	F INJURY — Al home, farm, etc. (Specify)		YES 2 NO	281. LOCATION (Stre City or Town, St		or Rural Rou	te Number,
29a. CERTIFIER (Check only		my knowledge, death occum						
one) 2 MEOICAL EXAMI	NER: On the beals of ax	amination and/or investigation	on, in my opinion,	death occured at the	lime, data and place,	and due to the	e Cause(a) a	nd manner as stated.
296. SIGNATURE AND TITLE OF CENTIF	mh m			29c LICENSE NUI	MBER		SIGNED (A	fonth, Day, Year)
EDMOND P.	COUNTED CAUS	SE OF OEATH (ITEM 27) (Type	L Red &	n. te 10	o ladan	ll r	122,	2>1
31. DATE FILED (Month, Day, Year)	32. REGISTRAI	R'S SIGNATURE						
AUG 1 2 19	91 61:	Stwicker Real H						
NOU LA 13	Jan Jana	CHARLES TO THE PARTY OF THE PAR						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Dours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in the tuneral directior, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,



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iours after death. Page 6 may be retained by the hospital or attending physician. A d in by the funeral director, page 5 should be detached for use as the burial-fream. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Incurs after death. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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TIIS C	WITH	Frad
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H. RACHOCK
31. DATE FILED (MORTH, Day, Year)

AUG 0 9 1994

						94	24933
	1 - FOR STATE OF MARYLAND A	DEPART	MENT OF H	EALTH AND I	MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Lest) ESTHER A. GOAD EST	THER A	. GOAD		2. DATE OF OEATH	Y CYEA	3. TIME OF DEATH 18: 32 P M
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. In $226-07-3231$ 1 \square M 2 \square F 82	- "	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	1911	IRTHPLACE (State or Foreign
Ē	9e. FACILITY NAME (if not institution, give street and number) St Agnes Hospital RESIDENCE OF DECEDENT			imore C	ity	Balti	
FUNERAL GIRECTOR	100. STATE 10b. COUNTY Virginia Albemarle		TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER 128 N Piedmont Ave		101.	ZIP CODE 22903		U.S.A	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES &		If yes, spe	ENDENT OF HISPAN polity Cuben, Mexical NO Specify	IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.)	6	RACE — American Indian, Black, White, etc. Specify:
ETED E	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (6.66)	ECEDENT'S U live kind of wo b. Do NOT use	ISUAL OCCUPATIO ork done during mos retired.)	N at of working	16b. KIND OF BUS	SINESS/INDUSTR	White
COMPLI	10th Ho	omemal	ker	18. MOTHER'S NA		n Home	
8	John Armstrong 190. INFORMANT'S NAME (Type/Print) 19	b. MAILING	ADDRESS (Street or		Goute Number, City or Town		Pruett
이	Mrs Peggy Perry	9209	West St	ayman Dr	ive Ellico	ott Cit	y 21042
			disposition (Nate of Memoria	al Garder		cation — city on arlott	esville Va.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Planny H. With		Harry		Funeral 1		c. t City 21043
	23. PART I. Enter the disease, or complications that award the deshock, or heart aliture. List only one cause on each line immediate cause (Final disease or condition resulting in death) DUE TO (OR AS A CONSE	e. Mol	the enter the mode		h aa cerdlac or reapi		Approximete interval Between Onset and Death
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST						
CAL CE	PART II. Other significant conditions contributing to death but not	reaulting in	the underlying	cause given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
N: MEDICAL	DID TOBACCO USE CONTRIBUTE TO CAL	JSE OF	DEATH \	ES DI NO	1 _ YES 2	₩CNO	OF DEATH?
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PL	ACE OF DEATH (Che	ack only one)		
PHY	1 YES 2 NO 1 Impettent 2 ER/Outpettent 3 27. MANNER OF DEATH 1 Netural 5 Pending 28. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJU	JRY AT	8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED)
TED BY	2 Accident Investigation 3 Suicide 8 Could not ba 4 Homicide Boundary Bound	ome, ferm, atr			281. LOCATION (Street e City or Town, State)	and Number or Ru	irel Route Number,
COMPLE	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, de CERTIFYING PHYSICIAN: To the best of my knowledge, de CERTIFYING PHYSICIAN: To the best of my knowledge, de CERTIFYING PHYSICIAN: To the best of my knowledge, de CERTIFYING PHYSICIAN: To the best of my knowledge, de CERTIFYING PHYSICIAN: To the best of my knowledge, de CERTIFYING PHYSICIAN: To the best of my knowledge, de CERTIFYING PHYSICIAN: To the best of my knowledge, de CERTIFYING PHYSICIAN: To the best of my knowledge, de CERTIFYING PHYSICIAN: To the best of my knowledge, de CERTIFYING PHYSICIAN: To the best of my knowledge, de CERTIFYING PHYSICIAN: To the best of my knowledge, de CERTIFYING PHYSICIAN: To the best of my knowledge, de CERTIFYING PHYSICIAN: To the best of my knowledge, de CERTIFYING PHYSICIAN: To the best of my knowledge, de CERTIFYING PHYSICIAN: To the best of my knowledge, de CERTIFYING PHYSICIAN: To the best of my knowledge, de CERTIFYING PHYSICIAN: To the best of examination end/or						se(e) and menner ee stated.
H PH	296. SIGNATURAL TO TITLE OF CERTIFIER AD			29c. LICENSE NUM D - 45	186	29d. DATE SIG	PED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, F	Print) Ave	39	elto Mi	0 21	228

Balto

32. ABGISTRAR'S SIGNATURE
Julia dhudson Randell

50,000 ner ett machinismen "A, "til i De le

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				ICALE					REG. NO			
1. DECEDENT'S NAME (First, Middle, Lest)		01	1					2. DAT	E OF DEATH		YEAR	3. TIME OF DEATH
	loysius		dmon									8:05 A. M
			.,,	IF UNDER	1 YEAR DAYS		24 HRS.	7. DATI (Mor	E OF BIRTH oth, Day, Year)	1910	6. BIRTI Count	HPLACE (State or Foreign (ry)
	1 1	84	YRS.				1		uary 2	,	Wasl	nington, DC
								ATH			1111	
	Court			Sil	ver	Spri	ng			Mont	gome	ery
1	,		10c. CIT	Y, TOWN O	R LOCAT	ION						10d, INSIDE CITY
Maryland Mont	gomerv		Germantown								LIMITS?	
10e. STREET AND NUMBER	<u> </u>		10f. ZIP CODE						10a, CIT	10g. CITIZEN OF WHAT COUNTRY?		
13005 Shadyside	Lane					2	0874	+		, ט	S.A.	
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	VER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No						or No-	14. RAC	E American Indian,	
			NO						Rican, etc.)		1	k, While, etc.
3 Wildowed 4 Divorced	<u> </u>					A						White
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(0	ive kind of a	vork done o			g	16	b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)								_	_	
		Sup	ervis	or							Serv	7ice
	0.1	1										
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1 Surial 2 Cremation 3 Remo	oval Irom State	cometent co	metory or o	thar alacal			0/				-	
		Gale	22. NAME AND ADDRESS OF FACILITY								phrri	ig, maryrand
· Chital	m	alla	A	FRA 500	NCIS UNI	J. EVERS	COLI	LINS	FUNER D., W.	AL HO	OME,	INC. P., MD 20901
23. PART I. Entar the diseases, Dr C	complications that	causad the d	eath. Do r									Approximate
immediate cause (Final	List only one cau	se on aach lin	0.									Interval Between Onset and Death
disease or condition	· thes	nina	The		4.	Per	2				- 3	de moliso
Tooling in double,	DUE TO	(OR AS A CONSE	OUENCE O	7 0								The state of the s
Sequentially list conditions	· Wu	lesare	red!	m	ela	ela	ca					6 mo
If any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F):		/						
CAUSE (Disease or injury	c. Arc	MAN	CAL DIENCE OF	4	te	4-6	un	1.				147.
that initiated events reaulting in death) LAST	002 10	(DII AS A CONSE	QUENCE O	1			_					
	d											
PART ii. Other significant condition	s contributing to	death but not	resulting	in the un	derlying	cause g	iven in	Part i.	24a. WAS AN		248	D. WERE AUTOPSY FINDINGS
PART II. Other significant condition	s contributing to	death but not	resulting	in the un	deriying	g cause g	iven in	Part I.	24a. WAS AN PERFOR	MED?	246	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF 0647H?
PART ii. Other significant condition	d	death but not	resulting	in the un	derlying	g cause g	iven in	Part I.	PERFOR	MED?	248	AVAILABLE PRIOR TO COMPLETION OF CAUSE
DID TOBACCO USE							liven in		PERFOR	MED?	248	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF 0EATH?
				DEA'	TH \] NC	_ P	PERFOR	MED?	246	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF 0EATH?
DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	CONTRIBUTI	ER/Outputlent	ISE OF	OTHER	TH \\ 26. PL	ÆS	NC	eck only	PERFOR	MED?	248	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF 0EATH?
DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	CONTRIBUTI	ER/Outpetfent :	ISE OF DOA 28b, TIM	OTHER 4 Num E OF	26. PL	ÆS	NC	eck only o	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF 0EATH?
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DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpullent 2 28a. DATE OF (Month, D.) 28a. PLACE O	ER/Outpetfent :	DOA DOA INJ	OTHER 4 Num E OF URY	26. PL I: Ing Hom 28c. INJ WO	ACE OF DI	NC	8 Ott	PERFOR	NMED?	CURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF 062111? 1 YES 2 NO
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DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined	HOSPITAL: 1 Inpellent 2 288. DATE OF (Month, D.) 289. PLACE Of building,	ER/Outpetient : INJURY by, ban) FINJURY — At hete. (Specify) my knowledge, de	DOA 28b. TIM	OTHER 4 Num E OF URY M streel, lacte	26. PL	ACE OF DI	NO NO and due	8 Otte	PERFOR T YES 2 Wer (Specify) ESCRIBE HOW I CATION (Street ay or Town, State)	NJURY OC	CCURED or or Rural	ANAILABLE PRIOR TO COMPLETION OF CAUSE DF 0EATH? 1 YES 2 NO
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THE RESERVE THE PARTY OF THE PA	4. SOCIAL SECURITY NUMBER 213-44-7462 98. FACILITY NAME (If not institution, give s 11208 Prelude RESIDENCE OF DECEDENT 108. STATE 108. COUNTY Maryland Mont 109. STREET AND NUMBER 13005 Shadyside 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last) Bailey Aloysi 198. INFORMANT'S NAME (Type/Print) Patricia Gladmon 208. METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Rem 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE 23. PART I. Entar tha Miseasea, Dr cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	4. SOCIAL SECURITY NUMBER 213-44-7462 9a. FACILITY NAME (If not institution, give street and number) 11208 Prelude Court RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Montgomery 10e. STREET AND NUMBER 13005 Shadyside Lane 11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last) Bailey Aloysius Gla 19a. INFORMANT'S NAME (Type/Print) Patricia Gladmon Sheahan 20a. METHOD OF DISPOSITION 1 Surtel 2 Cremetion 3 Removal Irom State 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. PART I. Entar tha pissease, Dr complicationa that shock, or heart failure. List only ona cau immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Disease or injury	4. SOCIAL SECURITY NUMBER 213-44-7462 9a. FACILITY NAME (II not institution, give street and number) 11208 Prelude Court RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Montgomery 10e. STREET AND NUMBER 13005 Shadyside Lane 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last) Bailey Aloysius Gladmon 19a. INFORMANT'S NAME (Type/Print) Patricia Gladmon Sheahan 20a. METHOD OF DISPOSITION 1 Duriel 2 Cramation 3 Removal Irom State 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. PART I. Entar the pissease, Dr complications that caused the dealer, or heart failure. List only one cause on each line immediate cause. Enter UNDERLYING CAUSE (Disease or injury) CAUSE (Disease or injury) CAUSE (Disease or injury) CAUSE (Disease or injury)	4. SOCIAL SECURITY NUMBER 213-44-7462 9a. FACILITY NAME (II not institution, give street and number) 11208 Predude Court RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Montgomery 10c. STREET AND NUMBER 13005 Shadyside Lane 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES (Specify only highest grade completed) Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last) Bailey Aloysius Gladmon 19a. INFORMANT'S NAME (Type/Print) Patricia Gladmon Sheahan 21. Was DECEDENT'S Supervise (Give kind of viet. Do NOT us Supervise 15a. DECEDENT'S Supervise 15b. MAILING Patricia Gladmon Sheahan 21. Was DECEDENT'S Content of the Conten	4. SOCIAL SECURITY NUMBER 213-44-7462 9a. FACILITY NAME (II not institution, give street and number) 11208 11208 11208 11208 11208 11208 11208 11208 11208 11208 11208 11208 12208 123005 123005 12400 125008 125008 125008 126008 127008 127008 127008 1280	4. SOCIAL SECURITY NUMBER 213-44-7462 90. FACILITY NAME (If not institution, give street and number) 11208 91. FACILITY NAME (If not institution, give street and number) 11208 92. FACILITY NAME (If not institution, give street and number) 11208 93. FACILITY NAME (If not institution, give street and number) 11208 94. CITY, TOWN OF SILVET 1208. STATE 1208. COUNTY Maryland 1209. STATE 13005 13. WAS DECEDENT 13005 14. MARITAL STATUS 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. MARITAL STATUS 17. FATHER'S NAME (First, Middle, Last) 18. DECEDENT'S USUAL OCCUPATIC (Give kind of work done during modifie. Do NOT use relined.) 19. INFORMANT'S NAME (First, Middle, Last) 19. INFORMANT'S NAME (First, Middle, Last) Patricia Gladmon Sheahan 21. Valley Visuals 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 22. SIGNATURE OF FUNERAL SERVICE LICENSEE 12. NAME AND ACCUPATIC (Specify) 23. PART I. Enter the pissease, or complications that caused the death. Do not enter the most abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury) 15. DECEDENT'S NAME (Final disease). Or complications that caused the death. Do not enter the most abock, or heart failure. List only one cause on each line. 16. DECEDENT'S USUAL OCCUPATIC (Give kind of work done during modifies. Do NOT use relined.) 17. FATHER'S NAME (First, Middle, Last) 18. DECEDENT'S USUAL OCCUPATIC (Give kind of work done during modifies. Do NOT use relined.) 18. DECEDENT'S USUAL OCCUPATIC (Give kind of work done during modifies. Do NOT use relined.) 18. DECEDENT'S USUAL OCCUPATIC (Give kind of work done during modifies. Do NOT use relined.) 18. DECEDENT'S USUAL OCCUPATIC (Give kind of work done during modifies. Do NOT use relined.) 19. DECEDENT'S USUAL OCCUPATIC (Give kind of work done during modifies. Do NOT use relined.) 19.	4. SOCIAL SECURITY NUMBER 213-44-7462 1	4. SOCIAL SECURITY NUMBER 213-44-7462 1X M 2 F 84 YRS. 8. AGE (In yrz. last birthday) 98. FACILITY NAME (If not institution, give street and number) 11208 Prelude Court 11208 Prelude Court Silver Spring RESIDENCE OF DECEDENT 108. STATE 108. COUNTY Maryland Montgomery 109. STREET AND NUMBER 13005 Shadyside Lane 11. MARITAL STATUS 1 Never Married 1 Never Married 1 Never Married 1 Divorced 1 S. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1 December State (First, Middle, Last) Bailey Aloysius Gladmon 1 Supervisor 1 Supe	A. SOCIAL SECURITY NUMBER 213-44-7462 1	4. SOCIAL SECURITY NUMBER 213-44-7462 12	4. SOCIAL SECURITY NUMBER 213-44-7462 1X M 2 F 84 13 W 2 F 84 14 W 2 F 84 15 W 2 F 84 15 W 2 F 84 16 W 2 F 84 17 W 2 F 84 17 W 2 F 84 18 W 2 F 84 18 W 2 F 84 18 W 2 F 84 18 W 2 F 84 18 W 2 F 84 18 W 2 F 84 18 W 2 F 84 18 W 2 F 84 18 W 2 F 84 19 W 2 F 84 10 W 3 F W 2 F 84 10 W 3 F W 2 F 84 10 W 3 F W 3	4. SOCIAL SECURITY NUMBER 213-44-7462 5. SEX 12 M 2 F 8 84 78. AGE (in yrz. last britchay) 99. FACILITY NAME (if not institution, pive street and number) 11208 Prelude Court 11208 Prelude Court Silver Spring 99. CITY, TOWN OR LOCATION FRESTDENCE OF DECEDENT 109. STATE 109. COUNTY 109. STATE 109. COUNTY 109. STATE 109. OCONTY 109. STATE 109. OCONTY 109. STATE 109. OCONTY 109. STATE 109. OCONTY 109. STATE 109. CITY, TOWN OR LOCATION Germantown 101. ZIP CODE 20874 11. MANIFAL STATUS 1 News DECEDENT EVER IN U.S. ARMED 1 News Marriad 1 News DECEDENT'S EQUATION (Stocky) only highest grain county 109. CITY STATE 109. DECEDENT'S EQUATION (Stocky) only highest grain county 109. CITY STATE 109. DECEDENT'S EQUATION (Stocky) only highest grain county 109. DECEDENT'S EQUATION (Stocky) only highest grain county 109. DECEDENT'S EQUATION (Stocky) only highest grain county 109. DECEDENT'S EQUATION (Stocky) only highest grain county 109. DECEDENT'S EQUATION (Stocky) only highest grain county 109. DECEDENT'S EQUATION (Stocky) only highest grain county 109. DECEDENT'S EQUATION (Stocky) only highest grain county 109. DECEDENT'S EQUATION (Stocky) only highest grain county 109. DECEDENT'S EQUATION (Stocky) only highest grain county 109. DECEDENT'S EQUATION (Stocky) only highest grain county 109. DECEDENT'S EQUATION (Stocky) only highest grain county 109. DECEDENT'S EQUATION (Stocky) only highest grain county 109. DECEDENT'S EQUATION (Stocky) only highest grain county 109. CITIZEN OF 1 1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the flower than the form of the state of the DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital of arranged by the strength of the attending physician and completely filled in by the funeral director, page 5 should be detached for under the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - STATE REGISTRAR	STATE OF MA		DEPAR					MENTA	REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	lv.	YEAR	. TIME OF DEATH
DINO	FOSTER			TANO				ju			94	5:00 P
4. SOCIAL SECURITY NUMBER 213-66-2389	5. SEX 6	. AGE (In yrs. lesi	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Mont JUI	of BIRTH	1960		land
9a. FACILITY NAME (If not institution, give	street and number)					R LOCATIO				9c. COU	NTY OF OE	
NORTHWEST BRAN	ICH CREEK		Silver Spring							MONTGOMERY		
10a. STATE 10b. COUNT	ontgomery		10c. CIT	y, town (Wh	eato							INSIDE CITY LIMITS?
100. STREET AND NUMBER 2509 Urbana Dri	ive				101	ZIP CODE	906				ZEN OF WI	AT COUNTRY? States
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 N			If yes, spi		n, Maxica	n, Puerto	i? (Specify Yea Ricen, atc.)	or No—		- American Indien, White, atc. White
15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12) 1 2		(Gi life.	CEDENT'S ive kind of a Do NOT us	USUAL O work done se retired.)	CCUPATIO	N st of workin	10	16b	. KIND OF BUS	n/a	USTRY	
17. FATHER'S NAME (First, Middle, Last)						18 MOTE	HED'S NA	ME /E/=+	Middle, Maiden			
Anthony Gaetano									er Gae			
19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRES	S (Street a				ber, City or Tow		Code)	
Anthony and Arl	ine Gaetan	10	2509	9 Url	oana	Dr.,	Wh		n, MD	2090		
20a. METHOD OF DISPOSITION 1	noval from Stata	20b. PLACE A cemetery, cree	MDDATE	tries praces				OAT			od,	
21. SIGNATURE OF FAMERAL SERVICE LI	censee	Hell	an	22. I	NAME AN	d addrés S-Rin	ss of fa	i Fu	neral i		uor.	Spring MD
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b	INJURIES R AS A CONSECUTA R AS A CONSECU	OUENCE O	F):				•				
PART II. Other significant condition	ns contributing to de	eath but not n	eaulting	in the ur	nderiyinç	cause g	jiven in	Part i.	24a. WAS AN PERFOR	MED?		VERE AUTOPSY FINDIN WAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE	TO CAUS	SE OF	DEA		E\$ 🔲	NO					YES 2 NO
EXAMINER? 1 TY YES 2 NO	HOSPITAL:	P/Outputlant 2	□ pos	OTHE	R:	ACE OF D						
27. MANNER OF DEATH	28e. DATE OF IN	JURY	28b. TIM	E OF	28c. INJ	JRY AT	sidenca	4.5	r (Specify) CRIBE HOW I		CENE	
1 Natural 5 Pending 2 Accident Investigation	FOUND 7/2	8/94	UNKN(WN M	11	ES 2	No	SUBJ			OM BRI	DGE
3 XX Suicide 8 Could not be determined	28e. PLACE OF I building, atc	NJURY — At hor c. (Specify)	me, ferm,	street, fac	lory, office	1		City	ATION (Street a or Town, State)	NORTH	VEST B	RANCH CREEK
onel	ER: On the best of my									iner se stat	ed.	and manner as stated
29h. SUMJATURE AND TITLE OF CERTIFIE NOVALU LA U	Inight N					29c, LICE	C . M					Month, Day, Year) 29,1994
30. NAME AND ADDRESS OF PERSON WITH DO NALD G. LUR IGH	T MD	1		Pen	n St	ree	t,	Bal	timor	e, M	aryl	and 212

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CE	RTIFIC	CATE OF	DEATH	R	EG. NO.			
1. DECEDENT'S NAME (First, Middle, Las						2. DATE OF D	DAY	YEAR	3. TIME OF DEATH	
	Joseph Ver		ilro	У		Aug.	2, 1	994	3:55 A	
4. SOCIAL SECURITY NUMBER 579-36-0906	1 ∭ M 2 □ F	AGE (In yrs. last	YRS.	IF UNDER 1 YEAR RONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	June 2	y, Ybar)	Count	HPLACE (State or Foreign ry) Lrginia	
94. FACILITY NAME (If not institution, given Shady Grove A		spital			ckville	EATH	9c. (Mont	gomery	
Shady Grove A. RESIDENCE OF DECEDENT 10a. STATE 10b. COUI Maryland Mc	ontgomery		10c. CITY,	TOWN OR LOCAT					10d, INSIDE CITY LIMITS?	
10e. STREET AND NUMBER	mogomery				scus				1 TYES 2 NO	
10712 Midd				101	20872		10g.		WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OR DATES	MED O	If yes, sp	ENDENT OF HISPA ecify Cuban, Maxic 2 NO Speci	an, Puerto Rican		Blac	E — American Indian, k, Whita, atc.	
15. DECEDENT'S E (Specify only highest gra	DUCATION			SUAL OCCUPATION		16b. KIN	D OF BUSINESS	INDUSTRY		
15. DECEDENT'S E (Specify only highest grant programmer) Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Lest)	College (1-4 or 5+)	IIIe.	Do NOT use	rk done during mo retired.) Layer	st of working		Buildi	ng		
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, Middle				
Joseph He	enry Gilroy					1 11 11 11 11				
19a, INFORMANT'S NAME (Type/Print)	0	196	MAILINO A	DDRESS (Street a	nd Number or Rural	Brute Number C	The or Town State	Zin Codel		
Mary Ann Gil	rov				eboro Dr				1872	
20a. METHOD OF DISPOSITION							20c. LOCATION			
1 Buriel 2 Cremetion 3 R	amoval from State	cemetery, cren	natory or other	er place)	netery 8	DATE				
4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	I MACHINEE	Pi	ne Gi		netery o		Mt.	Alry.	Md.	
	Wolesn	ath	,	Olin	L. Mole	sworth,		Md	20.872	
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
PART II. Other significent conditi	d.	eth but not re	esuiting in	the underlyin	g ceuse given in	Pert I. 24a	. WAS AN AUTOF PERFORMED?	PSY 241	WERE AUTOPSY FINDING AMAILABLE PRIOR TO	
						10	YES 2 N		OF DEATH? 1 YES 2 XNO	
25. WAS CASE REFERRED TO MEDICAL				00.00	ACE OF DEATH (C	North and and	_			
EXAMINER?	HOSPITAL:			OTHER:	ACE OF DEATH (C	neck only one)				
1 TYES 2 LNO	1 Inpatient 2 XEF				e 5 🗆 Residence					
1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day, 1	Near)	28b. TIME INJU	RY WC	URY AT PRK? YES 2 NO	28d. DESCRIE	BE HOW INJURY	OCCURED		
3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 28a. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)							mber or Rural	Route Number,		
29e. CERTIFIER (Check only one) 29e. CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and piace, and due to the cause(a) end manner as stated. 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and piace, and due to the cause(a) and manner as stated.										
Z MEDICAL EXAM	INEH: On the basis of exem					NSE NUMBER 29d. DATE SIGNED (Month, Day, Year)				
296. SIGNATURE AND TITLE OF CERTIF	Silveins	n M			29c. LICENSE NU D 279		29d.			
29b. SIGNATURE AND TITLE OF CERTIF William H 30. NAME AND ADDRESS OF PERSON	Silveins	DF DEATH (ITEM				85	•	DATE SIGNE	O (Month, Day, Year)	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the Hospital or strending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely liked in by the funeral director, page 5 should be detached for use as the burill-transit be find within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any finjury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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				William William
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			pa. D. L. H. II	APELS O DO
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1	-	STATE REGISTR	A
	1, D	ECEDENT'S	,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIF	CATE OF	DEATH	REG.	NO.		
	1. DECEDENT'S NAME (FIRST, MIDDIO, LEST) FRANKLIN L. GOOD	Frankli	n Lee G	ood	2. DATE OF DEAT	5194	YEAR	3. TIME OF DEATH 4:15 P M
	217-18-7008 1XM2□F	(In yrs. lest birthdey) 73 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea 9/10/192	r)	Country	Muick, MD
DIRECTOR	98. FACILITY NAME (11 not institution, give street and number) Frederick Memorial Hospital RESIDENCE OF DECEDENT		Prede	or location of di rick	EATH	9c. COUP	nty of De	EATH
EC	10a, STATE 10b, COUNTY	10c. CITY	Y, TOWN OR LOC	ATION				10d. INSIDE CITY
百	Manyland Frederick	K	noxvill	e				LIMITS?
AL	10e. STREET AND NUMBER			Of. ZIP CODE		10g. CITI		HAT COUNTRY?
FUNERAL	740 Jeffenson Pike			21758		USA		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED 2 NO DATES	II yes, s	CENDENT OF HISPAI pecify Cubers, Maxica S 2 NO Specifi	in, Puarto Rican, etc.	Yes or No		-American Indian, Whita, atc. White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF	BUSINESS/IND	USTRY	***************************************
	Elementary/Secondary (0-12) College (1-4 or 5+)	Ille. Do NOT use	,	ost or working				
MP	10	Engineer	n		CSX o	& Brun	swic/	k. MD
	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Ma	,		
BE	William Franklin Good				enevieve			
٩	Blondena S. Good			and Number or Rural n Pike, K			,	
		b. PLACE AND DATE Of metery, cremetory or off				ROWNAV	-	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1/.:	22. NAME	AND ADDRESS OF FA	CILITY		,	
	Barbara A. Williams, Owne	man	- John	T. Willi Petensvil	ams Fune	ral Hor	ne	42 2/7/
	23. PART I. Enter the diseeses, or complications that cause	d the death. Do n	ot enter the m	ode of dying, suc	h as cardiac or r	_ <i> </i>	war.c.	Approximate
	ahock, or heart fellure. List only one cause on a IMMEDIATE CAUSE (Final disease or condition resulting in death)	lan Fub	rillate	m				interval Between Onset and Death
_	DUE TO (OR AS	A CONSEQUENCE OF	7 Km	luia				
CERTIFICATION	If any, leading to immediate	A CONSEQUENCE OF	halan	#	· · · · · · · · · · · · · · · · · · ·			
	CAUSE (Disease Dr Injury thet Initiated eventa DUE TO (OR AS	A CONSEQUENCE OF	randha	ung				
E	resulting in death) LAST			1				
	0.							
DICAL	PART II. Other algnificant conditions contributing to deeth		n the underlyi	ng ceuse given in	Part I. 24a. WA	S AN AUTOPSY REORMED?	-02	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ш	- Fre Hospital availled	NOU			1 🗆 YE	S 2 NO		COMPLETION OF CAUSE OF DEATH?
Σ	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF	DEATH '	YES IT NO				1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	07.002 01		PLACE OF DEATH (Ch				
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 PER/Out	Ipetient 3 🗆 DOA	OTHER:	me 5 🗆 Residence				
Ϋ́	27. MANNER OF DEATH 28a. DATE OF INJURY	28b. TIME	E OF 28c. IP	JURY AT	28d. DESCRIBE H	OW INJURY OCC	CURED	
BY F	1 SS Neturel 5 Pending (Month, Day, Year) 2 Accident Investigation	ILNI		YES 2 NO				
6	3 Suicide 6 Could not be determined 28a. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, s scily)	dreet, factory, off	lca	281. LOCATION (St City or Town, S	eet and Number tate)	or Rural Ro	oute Number,
	29a. CERTIFIER				50000000000000000000000000000000000000	0-2		
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination							and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	11 000		29c. LICENSE NUI	MBER	29d. DATI	E SIGNED	(Month, Day, Year)
TO B	John H- Vyare	WILL		1027	544	•	8/6	194
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DI						1	
		V. 9th St	reet, F	rederick,	MD			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGN	NATURE	3	4				

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within schours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-granist permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		C	ERTIF	ICAT	E OF	DEATH	-	REG. N).		
	1. DECEDENT'S NAME (First, Middle, Last)							2	DATE OF DEATH			3. TIME OF DEATH
	H. Byro	on	Gate	s.	Jr.			I _A	ugust 8,	1994	YEAR	2:00PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la			R 1 YEAR	IF UNDER 24 HRS	\rightarrow	DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	284-14-1898	1X M 2 🗆 F	73	YRS.	MONTHS	DAYS	HOURS MIN		(Month, Day, Year) pril 22,	1921	Count	w York
	9e. FACILITY NAME (If not institution, give s	treet end number)			9b. CIT	Y. TOWN	OR LOCATION OF				JNTY OF D	
DIRECTOR	2006 Hermitage A					Vhea						omery
<u>u</u>	10e. STATE 10b. COUNTY	·		toe CIT	Y, TOWN	ORLOCA	TION					10d, INSIDE CITY
H	Maryland Mon	ntgomery				aton						LIMITS?
A	10e. STREET AND NUMBER					10	H. ZIP CODE			10g. CI	FIZEN OF V	WHAT COUNTRY?
FUNERAL	2006 Hermitage	Avenue					20902			U	nite	d States
ا ج	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	RMED	13.				ORIGIN? (Specify Y	e or No-	14. RACI	E — American Indian, k, White, etc.
RY	t Never Merried 2 🔀 Married 3 Widowed 4 Divorced	IF YES, GIVE W		NO			S 2 NO Sp		Puerto Rican, etc.)		Spec	
ا ۵	ts, DECEDENT'S EDU	CATION		ECEDENT'S	USUAL C	OCCUPATI	ION		16b. KIND OF B	ISINESS/IN	DUSTRY	WIIICC
ã l	(Specify only highest grade		(4	Sive kind of a	work done	during m	ost of working		100.1010	JOHNEOU 111		
3	Elementary/Secondary (0-12)	College (1-4 or 5 +	'	Δν	chit	oct			501	emp	10000	7
COMPLETE	17. FATHER'S NAME (First, Middle, Last)	-7		211	7111 0	CCL	16 MOTHED:0	NAME			TOYEC	
_	H. Byron Gates	. Sr.							(First, Middle, Meide erman	п зитнате)		
BE	19e. INFORMANT'S NAME (Type/Print)		11	b. MAILING	ADDRES	S (Street	1 -		te Number, City or To	wn, State, Z	in Code)	
임	Betty W. Gates								Wheaton			20906
ĺ	20e. METHOD OF DISPOSITION		20b, PLACE	AND DATE	OF DISPO	SITION (N				OCATION -	_	
	1 Donation 6 Other (Specify)	oval from State	cemetery, cr	ematory or o	ther place)	orium,	8/1 Tng	0/94 I			ryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Q M008		_	_			Yey Fund			
	Barbara Jo Mc	mullen o	awren		B	ethe venu	sda-Che	wy esc	Chase, la, Mary	nc.	7557 208	Wisconsin L4-3501
	23. PART I. Enter the diseeses, or	omplications that	caused the d	eath. Do r								Approximate
	shock, or heart failure.	List Dnly one caus	se on each iln	е.								Interval Between Onset and Death
ł	iMMEDIATE CAUSE (Final disease or condition	Agusto	Myocard	14-7 -	rnfo	~~+:	on.					
H	resulting in death)	0.	OR AS A CONSE			ICLI	.011					instant
_												İ
_ີ	Sequentially list conditions, if any, leading to immediate	b. DUE TO	OR AS A CONSE	QUENCE O	F):							
HILLICATION	cause. Enter UNDERLYING											1
Ĭ	CAUSE (Disease or Injury that initieted events	DUE TO	OR AS A CONSE	OUENCE O	F):							
=	resulting in death) LAST	d.										
S	DART II OshIIdi		AC 144 A									
OICAL I	PART II. Other algnificent condition			_		nderiyin	ng ceuse given	in Pa		N AUTOPSY PRMED?	24b	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
	Coronary Arterio		s, Hype	rtens	sion				_ 1 _ YES	2 📉 NO	1	COMPLETION DF CAUSE OF DEATH?
M H	Cardiovascular I	Disease							-			t 🗌 YES 2 🗌 NO
	DID TOBACCO USE O	CONTRIBUTE	TO CAU	SE OF	DEA	TH_Y	ES N	10 }	X			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOSBITAL .					LACE OF DEATH	(Check	only one)			
ñ	1 TES 2 X NO	HOSPITAL:	ER/Outpetient	3 🗆 DOA	OTHE		ne 5 X Residen	ce 6 [Other (Specify)			
	27. MANNER OF DEATH	28e. DATE OF (Month, Da	INJURY IV. Year!	28b. TIM	E OF		JURY AT ORK?	21	d. DESCRIBE HOW	INJURY O	CURED	
5	1 Natural 5 Pending 2 Accident Investigation		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	М		YES 2 NO					
	3 Suicide 8 Could not be	28e. PLACE Of	F INJURY — At h	ome, ferm,	street, fed	ctory, offic	CO CO	26	I. LOCATION (Stree		er or Rural I	Route Number,
E	4 Homicide determined	bulland,	(opoony)						City or Town, Stat	7/		
7 1	29e. CERTIFIER (Check only	CIAN: To the best of	my knowledge, d	eath occurr	ed at the	time, det	e end place, end	due to	the cause(e) end m	enner ee str	rted.	
COMPLE	one) 2 MEDICAL EXAMINE											e) end manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE		-				29c. LICENSE I					(Month, Day, Year)
2	Netwo	SI	10									
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAME	A OF DEATH (17	M 27) /Time	Print		D08	944		P	ugus	t 9, 1994
		(1110	Voncina	~+-·	n MD O	0005		
	Martin Shargel, 31. DATE FILED (Month, Day, Year)		R'S SIGNATURE	ayut.	aven	iue,	Kensing	3 CO.	u, MD 2	0895		
	AUG 1 0 1994	Julia Do	widson-A	indell								
	HUIT U IJJ4	11	1.400.									

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.

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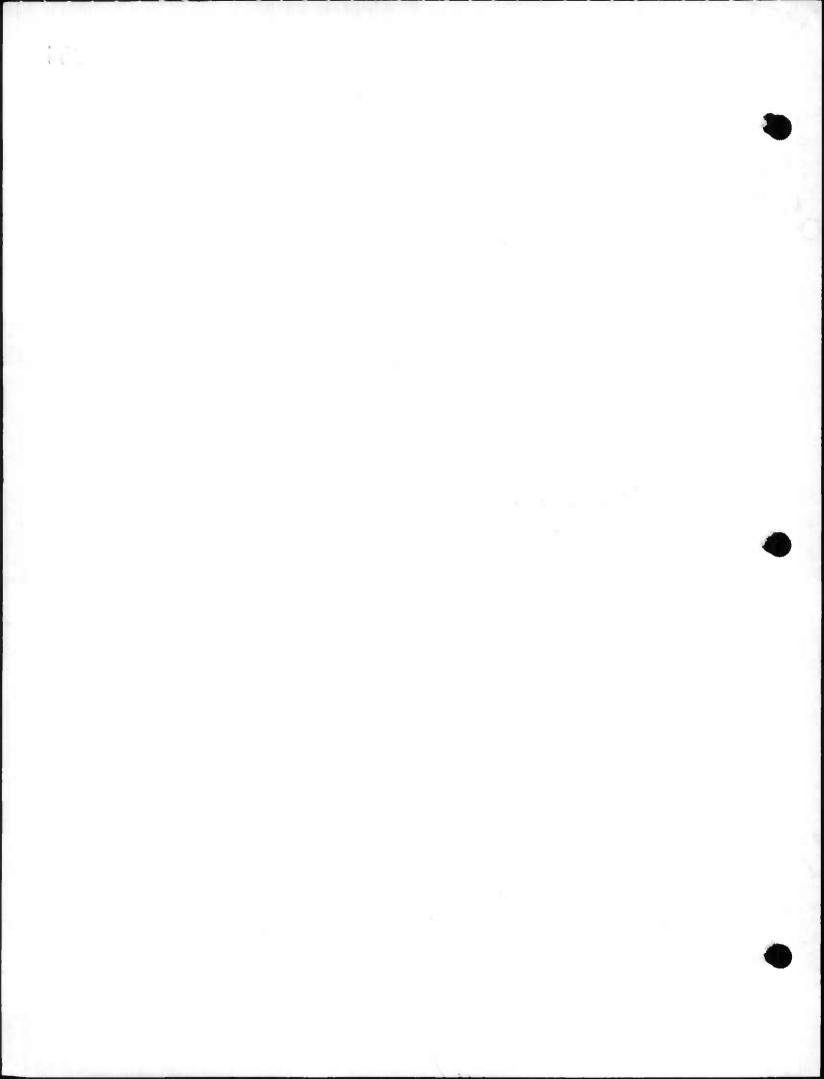
BALTIMORE, MARYLAND 21215-0020

												9	4	24941			
	FOR STATE REGISTRAR		STATE OF I	MARYLAN	ID / DEPAR CERTIF	RTMENT	T OF H	IEALTH DEA	AND I	MENTA	L HYGIEN						
	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE	OF DEATH	MY	YEAR	3. TIME OF DEATH			
			L. GLAS	SER						8	" 1		94	2:35 a			
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER	DAYS		R 24 HRS.		OF BIRTH		B. BIRTHE	PLACE (State or Foreign			
	220-09-8		1 M 2 F	89	YRS.	MONTHS	DAYS	HOURS	MIN.	5	th, Day, Year)	1905	-MA	RYLAND			
OR	90. FACILITY NAME (If not in NATION AL			ME		1		KVII		EATH	-		TGO	MERY			
DIRECTOR	RESIDENCE OF DEC	10b. COUNT															
<u></u>				TMV	10c. CIT	Y, TOWN (D.D.					10d. INSIDE CITY LIMITS?			
	MD .	BALT	IMORE C	TTY		В	-	IMOI						1 X YES 2 NO			
FUNERAL	2806 G	r. a v/	E MAV				101	ZIP COD	€ 234								
빌	11. MARITAL STATUS	DAVIN												A •			
BY FU	1 Never Married 2 3 3 Widowed 4 Dive		12. WAS DECEOEN FORCES? 1 IF YES, GIVE V	YES 2	2 XNO		It yes, sp	ecity Cube 2 X NO	ın, Maxica	n, Puarto	N? (Specify Yer Ricen, etc.)	s or No-	14. RACE Black, Specify	ROSSO wn, State			
B	15. DEC (Specify only	16	a. DECEDENT'S	DECEDENT'S USUAL OCCUPATION 16						SINESS/IND	JSTRY						
ш	Elementary/Secondary (0		College (1-4 or 5	+)	Ille. Do NOT u												
闦	12				НОН	EMAK	ER				A	OH TA	ME				
BE COMPLETED	17. FATHER'S NAME (First, M JOHN							Middle, Maiden									
	19a. INFORMANT'S NAME (7		19b. MAILING	ADORESS	S (Street a	nd Number	r or Rural F	rel Route Number, City or Town, State, Zip Code)									
인	REV.DR. R.		RD		970	l VE	IRS	DR:		RO	CKVII	LE,M	ID.2				
	208. METHOD OF DISPOSITI	n 3 🗆 Ram	oval from State	- GA	ACEAND DATE by, cremetory or of RDENS	of dispos ther place) OF	FAI	me of TH		8-3		TIMO					
	≥ W . M	L SERVICE LIC	DOM A			22.	NAME AN	ONG	co.	, IN	c.						
	23. PART I. Enter the di	seeses, or o	complications that	it caused th	e deeth. Do i	not enter	the mo	de of dvi	ing, auci	REE h es cen	T.N.W	ratory arre	ASH.	Approximata			
	shock, or he	eert fellute	List dnly one ceu	se on eech	line.								,	Interval Between			
	disease or condition arteriosclortic corobral un squiar disease										Onset and Death						
	resulting in death)		*		INSEQUENCE O			<i>2</i>		500	I d I	· I b c u		-			
2			coro	narv	arter	- v d	ieo	260						j			
ERTIFICATION	Sequentielly list conditi		DUE TO	(OR AS A CO	INSEQUENCE O	. y . u. F):	TOC	ase									
S	cause. Enter UNDERLYI CAUSE (Disease or Inju	NG	athe	rosci	lerosi	s a	ene	rali	ized	1				1			
E	that initieted events		DUE TO	(OR AS A CO	Lerosi	F):											
	resulting in death) LAS		d									_					
LC	PART II. Other significe	nt condition	a contributing to	death but r	not reaulting	in the un	derivino	cause o	niven in	Part I.	24s. WAS AN	AUTOPSV	74b 1	WERE AUTOPSY FINDINGS			
S			jor dep								PERFOR	RMED?	1	AMAILABLE PRIOR TO COMPLETION OF CAUSE			
요	osteo		_			_				_	1 TYES 2	NO IX	(OF DEATH?			
PHYSICIAN: MEDICAL	Us ceu	31 6111	1172							_			1	1 TES 2 NO			
Ž.	25. WAS CASE REFERRED TO	MEOICAL					26. PL	ACE OF O	EATH (Che	eck only o	10)						
S	EXAMINER? 1 YES 2X NO		HOSPITAL: 1 Inpatient 2	ER/Outpatie	nt 3 🗆 DOA	OTHER W XNun		e 5 □ Re	aldence	s 🗆 Oth	r (Specify)						
호	27. MANNER OF DEATH		28a. DATE OF (Month, D	INJURY	28b. TIM	E OF	28c, INJ	URY AT			CRIBE HOW I	NJURY OCC	UREO				
BY F	1 Netural 5 1	ay, reary	in.	URY M	1 🗌 Y	ES 2	NO										
	3 Suicide 8	Could not be	28s. PLACE O	F INJURY — /	At home, farm,	street, fact	ory, office				ATION (Street or Town, State)		or Rural Ro	ute Number,			
	4 Homicide	determined								Only	or rown, clarey						
COMPLETED			CIAN: To the best of														
S	2 MEO			xamination an	d/or investigation	n, in my o	pinion, di	eath occur	red at the	time, deta	and place, an	d dua to the	cause(a)	and manner as stated.			
BE (296. MEMATURE AND TITLE	CERTIFIER	1.2 V	<u></u>	0 .	~		29c. UCE	NSE NUM	JER 7	/	29d. DATE	SIONEO (Month, Day, Year)			
2	20 NAME AND ADDRESS OF	DEDCON WAY	W. F	mes	m r		2	-	<u>م</u> ,	10	٥	13	140	4 14			

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
- 9701 VIEVS

32. REGISTRAR'S SIGNATURE

Year) 9



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burightrans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	* REGISTRAR		CEH	HIFIC	ALE OF	DEATH	F	IEG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)						2, DATE OF MONTH	DEATH DAY	YEAR	3. TIME OF DEATH			
	BRIAN WILLIAM	GOFF					AUGU		1994	10 · 15 p M			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. A	GE (In yrs. last bir	′′	INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	S. BIRTI	HPLACE (State or Foreign			
	216-74-2766	1 🔀 M 2 🗆 F	21	YRS. MON		HOURS MM.		25, 196		irginia			
E.	9a. FACILITY NAME (If not institution, give st 2303 Massontter		Mass	sanu	# 4	or Location of Di er Spring	EATH		c. COUNTY OF D				
2	RESIDENCE OF DECEDENT		CIVE		SIIV	er spring	9						
R	10a. STATE 10b. COUNTY		10	C. CITY, TO	WN OR LOCA	TION				10d. INSIDE CITY LIMITS?			
FUNERAL DIRECTOR		tgomery		Ro	ckvil	le				1 TES 2 1 NO			
AL	10e. STREET AND NUMBER				10	of ZIP CODE		10	g. CITIZEN OF	WHAT COUNTRY?			
買	5 Bloomingdale	Court				20852		1	States				
5	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y)	13. WAS OF	CENDENT OF HISPAI	VIC ORIGIN? (S	pecify Yea or I	No- 14. RAC	E — American Indian,			
ΒX	1 X Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR O				S 2 X NO Specif		1, 4(6.)	Spec				
입	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECED	ENT'S USU	AL OCCUPAT	ION	16b. KIN	ID OF BUSINE	SS/INDUSTRY	*****			
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do	(Give kind of work done during most of working life. Do NOT use retired.)									
COMPLETED	4 none not applicable												
Ö	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)												
BE	James M. Goff					Carol	Lyn R.	Nalle	У				
0	19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADD	RESS (Street	and Number or Rural	imber or Rural Route Number, City or Town, State, Zip Code)						
-	James M. Goff		5 B	loomi	ngdal	e Court,	Rockvi	ille,	Marylar	nd 20852			
	20a. METHOD OF DISPOSITION 1 N Surfai 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)												
	Gate of Heaven Cemetery 8/5/94 Silver Spring, Maryland												
	21. SIGNATURE OF FUNERAL SERVICE LIC	Mullent	M00831	æ	Rober Bethe	t A. Pump sda-Chevy e, Bethes	chrey E	Tunera	1 Home/	Wisconsin			
	23. PART i. Enter the diseases, or/o	ompfications that cau	sed tha death							Approximate			
	ahock, or hear failure. List only one cause on each line. interval Between Onset and Death disease or condition resulting in death) DUE TO (OR-AS A CONSEQUENCE OF):												
	resulting in death) DUE TO (OP-AS A CONSSIGUENCE OF):												
z	Sequentially list anaditine												
8	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
2	CAUSE (Disease or injury	с											
CERTIFICATION	that initiated events	DUE TO (OR A	S A CONSEQUE	NCE OF);									
5月	d												
	PART ii. Other eignificant condition	a contributing to deat	h but not reau	iting in th	e undarlyli	ng cause given in	Part i. 24	. WAS AN AUT		. WERE AUTOPSY FINDINGS			
DICAL								YES 2 -		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MED							— I ''	ATES Z	***	OF DEATH?			
2	DID TOBACCO USE (CONTRIBUTE TO	CAUSE	OF D	EATH '	YES I NO				1 YES 2 NO			
¥	25. WAS CASE REFERRED TO MEDICAL					PLACE OF DEATH (Ch							
PHYSICIAN:	EXAMINER? 1 37468 2 NO	HOSPITAL:	Outpatient 3 🗆		HER:	Broth	er's	naniful.					
¥	27. MANNER OF DEATH	28e. DATE OF INJU	RY 26	b. TIME OF	28c. IN	JURY AT			IRY OCCURED				
ВУР	1 Natural 5 Pending	(Month, Day, Ye		INJURY 2151		YES 2 XNO	subi	ect	Hange	ec			
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJ	JRY — At home,	farm, street	, factory, offi				Number or Rural				
ш	4 Homicide determined	building, atc. (AL	110	ne		2303	wn, State)	ssonitte	in pr			
ا ٿ	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my k	nowledge death	occurred at	the time det	e and place, and due							
COMPLET	11									a) and manner as stated,			
	2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and medical m												
H	THE OF CENTRAL PROPERTY OF THE PARTY OF THE	476	/										
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF	DEATH (ITEM 21	1 (Tune Prim	-	O.C.M.	c.		AUGUS	T 2,1994			
	DAVID R POW	LEK 1	11 Per	nn S		, Balti	more,	Mary	yland	21201			
	31. DATE FILED (Month, Day, Year)	32 REGISTERA'S S	Son-Hand	182						2			

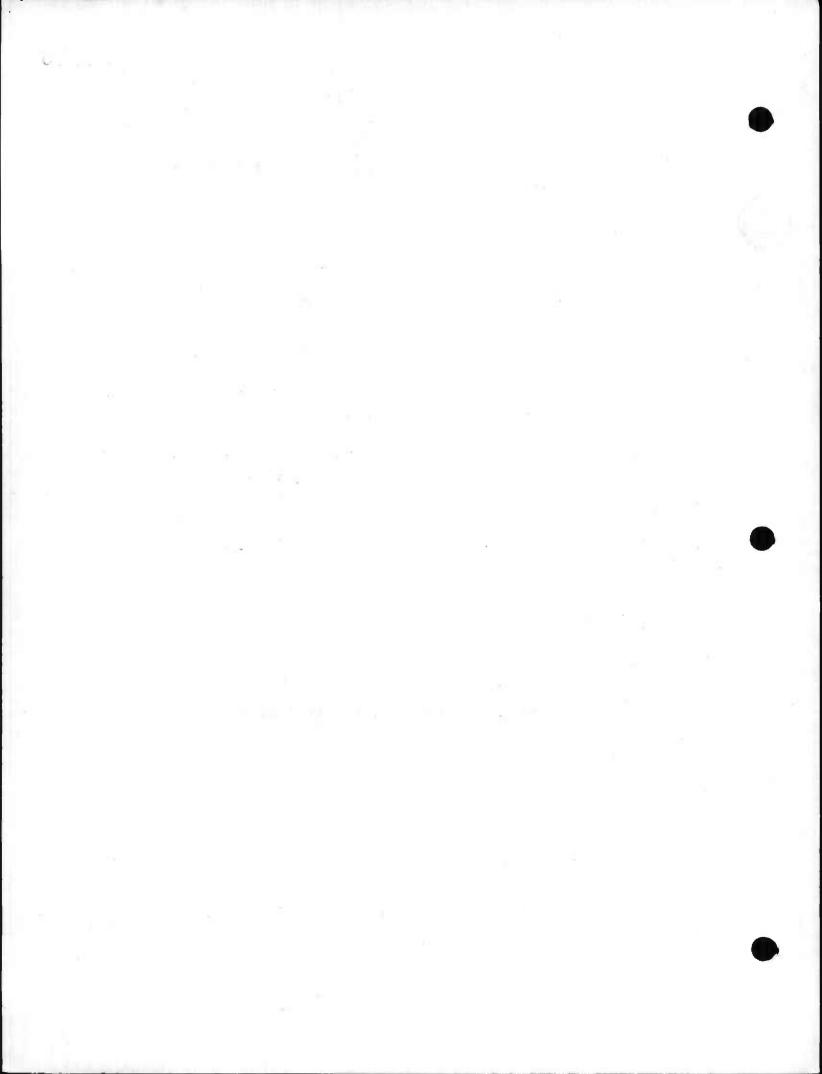
DIVISION OF VITAL RECORDS, P.O. BOX 68760

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	ERTIF	CATE O	F DEATH		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH			3. TIME OF DEA	TH
	MARK E			GLASC	OCK		AUG.	4,	1	994	10:00	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	est birthday)	IF UNDER 1 YEAR	R IF UNDER 24 HRS.	7. DATE OF			_	HPLACE (State or F	
	212-84-8323	1 X M 2 🗆 F	33	YRS.	MONTHS DAY		Feb	av. Year)	1961	Count	rginia	u.mgr/
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOW	N OR LOCATION OF D		,	-	JNTY OF D	<u> </u>	
8	4915 Monroe Str	eet			Blad	ensburg			Pri	nce (George's	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	,		40. 0-	, TOWN OR LO							
Ĕ											10d. INSIDE CIT LIMITS?	
	Maryland Prin	ce George	e's	1 BTS	densbu	101, ZIP CODE					1 TYES 2 X	NO
FUNERAL		at				W 17, - 15 - 1					WHAT COUNTRY?	
<u> </u>	4915 Monroe Stre	12. WAS DECEDENT	EVED IN ILC A	OMEO	140 990 6	20710 ECENDENT OF HISPA					States	
	1 Never Married 2 Married	FORCES? 1	YES 2 X		II yes,	specify Cuben, Mexic	an, Puerto Rica		s or No—	E — American Ind k, White, atc.	ian,	
B\	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES 1 ☐ YES 2 NO Specify: Specify:									White	
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working									1111100		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5 +)	- 16	fe. Do NOT us	ork done during e retired.)	most of working						
MP	12 Detailer Automobile Sales										es	
COMPL	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)											
BE	Ward Edward Glascock Phyllis Tribby											
0	19a. INFORMANT'S NAME (Type/Print)					et and Number or Rural	Route Number,	City or Tow	n, State, Z	ip Code)		
-	Ward Edward Glas	COCK			as #10							
	20a. METHOD OF DISPOSITION 1											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P.A.											
	21. SIGNAL DIE OF FONERAL SERVICE LI	77 //			Rapp	Funeral	Servic	es,	P.A.			
	20th-15.	10/	MOC	0827	933	Gist Ave,	Silve	r Śp	ring	, MD	20910	
CERTIFICATION	23(PAPT I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiretory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
- 11	PART ii. Other significant condition	a contributing to	death but not	resulting I	n tha underly	ing cause given in	Part i. 24	a. WAS AN	AUTOPSY	246	. WERE AUTOPSY I	INDINGS
CAL				,		•		PERFO	RMEO?		AVAILABLE PRIOR COMPLETION OF	TO
MEDI							— '	☐ 1E9 3	Ano		OF DEATH?	NO
	DID TOBACCO USE C	ONTRIBUTE	TO CAU	SE OF	DEATH	YES NO						
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28.	PLACE OF DEATH (C						
2	1 YES 2 XNO	HOSPITAL:	ER/Outpstlent	3 DOA	OTHER: 4 Nursing H	ome 5X Rasidence	8 Other (S	pecify)				
Ē	27. MANNER OF DEATH	28a, DATE OF I (Month, Da		28b. TIMI	E OF 28c.	INJURY AT WORK?	28d. DESCR	BE HOW	NJURY O	CURED		
2	1 X Natural 5 Pending 2 Accident Investigation					YES 2 NO						
2	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF building, e	INJURY At Parts. (Specify)	nome, larm, s	treel, lactory, o	ffice	281. LOCATIO	ON (Street lown, State)	and Numbe	or or Rural i	Route Number,	
COMPLE	29a. CERTIFIER (Check only one) 1 X CERTIFYING PHYSI ONE) 2 MEDICAL EXAMINE										a) and manner as	stated.
- 1	296 SIGNATURE AND TITLE OF CERTIFIE	R //			_	29c. LICENSE NU	MBER		29d. DA	TE SIGNEC	(Month, Day, Year,	
	Daniel Kos	M	- N	11		DO 4	766		•	Augu	ust 5, 1	994
2	30. NAME AND ADDRESS OF PERSON WH		E OF OEATH (IT	ЕМ 27) (Туре,	Print)		F	_		90		
	Daniel Rosenblum,			Conn	ecticu	t Ave #60	6, Ken	sing	ton,	MD	20895-3	910
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAF		2 00								
	AUG 1 0 1994	Julia Dav	1000n-10	noteda								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with completely filled in by the funeral director, page 5 should be detached for use as the burial-transit mental director, page 5 should be detached for use as the burial-transit mental be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 ter death. Page 6 may be retained by the hospital or and the funeral director. name F. DIVISION OF VITAL RECORDS, P.O. BOX 68760,



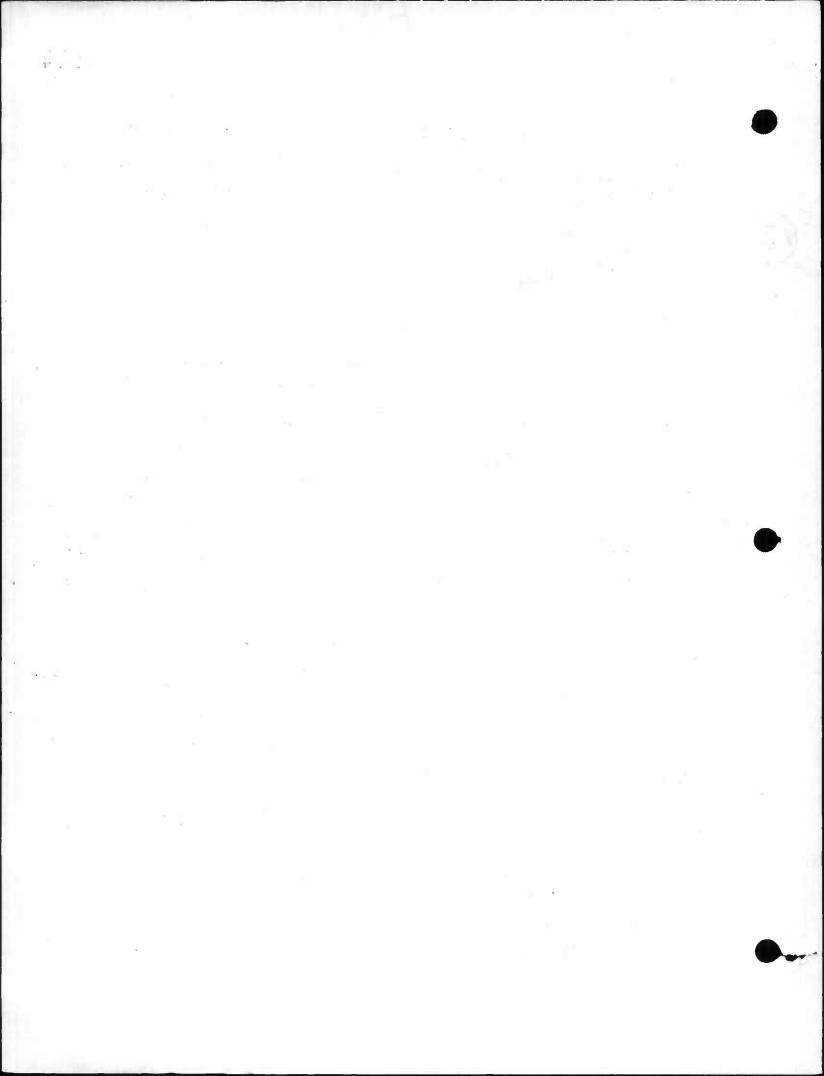
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATN			
ľ	JOPHIE		OLDBO	ATT		MONTH DA	2 9	4 2:15 PM			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday)	# UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTNPLACE (State or Foreign			
	168-32-6552B 9a. FACILITY NAME (If not institution, give str		93 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 10-08-01	9c. COUNTY	ew Jersey			
DIRECTOR	10641 Barnwood Lar			Potomac		20854	Montg				
<u> </u>	10a. STATE 10b. COUNTY		10c, CIT	, TOWN OR LOCAT	ION			10d. INSIDE CITY			
L DIF	Md. Monto	gomery	Rocks	/ille,				LIMITS?			
FUNERAL	10641 Barnwood La	ane			0854		10g. CITIZEN	OF WHAT COUNTRY? USA			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			HC ORIGIN? (Specify Yes	or No 14.	RACE — American Indien, Black, White, atc.			
BY F	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT		1 TYES		n, Puerto Rican, atc.) /:		Specify: White			
- 41											
COMPLETED	(Specify only highest grade of	ation completed)		vork done during mo		16b. KIND OF BUS	SINESS/INDUST	RY			
ا ت	Elementary/Secondary (0-12)	College (1-4 or 5 +)									
N N	17. FATHER'S NAME (First, Middle, Last)	7	SOCIAL	WORKER		Social					
	Unknown				Unknown	ME (First, Middle, Maiden	Sumame)				
BE	19a. INFORMANT'S NAME (Type/Print)		Tion MANUNC	ADDRESS (Street -		Route Number, City or Tow					
2	Dr. Kenneth Goldk	olatt	ľ			Potomac, M					
				OF DISPOSITION (Na			CATION — City				
	20a. METHOD OF DISPOSITION 1. Burial 2 Cremation 3 Remote 4 Donation 5 Other (Specify)		tery, crematory or of			8-5 Oln		America all III According			
	21. SIGNATURE OF FUNE MAL SERVICE LICE		idean Mei	22 NAME AN	O ADDRESS OF FA	CHITY		•			
	> Josef	- Mosem	,			uneral Dir e Pike, Ro		e, Md. 20852			
	23. PART I. Enter the diseases of complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or deart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS / CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due TO (OR AS A CONSEQUENCE OF): Under TO (OR AS A CONSEQUENCE OF):										
ER	resulting in death) LAST	- Occul		walig.	any			grz.			
PHYSICIAN: MEDICAL C	PART II. Other eignificent conditions	contributing to death bu	t not resulting i	n the underlying	g ceuse given in	Part I. 244. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
Ž.	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)					
Sic		HOSPITAL: 1 Inpatient 2 ER/Outpa	tient 3 DOA	OTHER:	e 5 Mesidence	8 Other (Specify)					
Ť	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF 28c. JNJ	URY AT	28d. DESCRIBE HOW I	NJURY OCCUR	ED			
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IMJ		PRK? YES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	and Number or I	Rurel Route Number,								
Ä.	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	dae deeth occurr	d at the time date	and place, and due	to the operate and mar	mar as stated				
COMPLETED		R: On the basis of examination						puse(a) and menner as stated.			
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	18	-		29c. LICENSE NUI	MBER	29d. DATE SI	GNED (Month, Day, Year)			
	I ment	(11) ne	Mn		003	792	D 8	/2/94			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,		RIVE	MD.	209	02			
	31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S SIGNA	TURE	re UP	KING.		-01	- Lan			
	AUG 0 9 1994	Julia Davidson	- Pandell								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Yours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



	FOR
1	STATE
ľ	REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		SIAIE UF MI	ARYLAND /	RTIF	ICATE				MENIAL I	TYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF				3. TIME OF DEATH
Wilda	SNVA	ER	Gill	esp	ie				MONTH		10	YEAR	0
4. SOCIAL SECURITY NUM	BER 5	S. SEX	AGE (In yrs. lest	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE-OF	BIRTH	1		PLACE (State or Foreign
220-30-7173	1	☐ M 2 😿 F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D		012	Country	,
9a. FACILITY NAME (If not in		t and number)	- 01		9b. CITY.	TOWN OF	LOCATIO			23, 1	912	INTY OF DE	PA
Shady Grove	Advent	ist Hosp	ital			kvil.					01 10	tgom	
10a. STATE	106. COUNTY			10c. CIT	Y, TOWN O	R LOCATIO	ON						10d. INSIDE CITY
Maryland	Montgo	merv		Cai	thers	ahur	~					- 1	LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER		iiCL y		Gai	chers	-	ZIP CODE		-		10g. CIT	IZEN OF W	HAT COUNTRY?
401 Russell	Avenue	#108				20	0877					S.A.	
11. MARITAL STATUS		2. WAS DECEDENT I FORCES? 1							NC ORIGIN? (S		or No-	14. RACE Black	- American Indian, White, atc.
3 ☐ Wildowed 4 ☐ Divorced IF YES, GIVE WAR OR DATES 1 ☐ YES 2 ☒ NO Specify: White													
15. DEC	EDENT'S EDUCAT	ION	18n. DEC	CEDENT'S	USUAL OC	CUPATION	4		16b. KI	ND OF BUS	SINESS/IN	DUSTRY	WIIICC
Elementary/Secondary (I	ly highest grade cor 0-12)	College (1-4 or 5+)	(GA	ve kind of v Do NOT us	vork done d e retired.)	luring most	of working	9					
		5+	Nur	se					Pul	olic	Heal	th Se	ervice
17. FATHER'S NAME (First, M	fiddle, Last)						1a. MOTH	ER'S NAI	ME (First, Midd				
Charles D.	Snyder						Mars	oare	t Sch	1010			
19a. INFORMANT'S NAME (19b	MAILINO	ADDRESS	(Street and			Route Number,		n, State, Zi	p Code)	
Myrl Emmett	Gilles	pie	40)1 Rı	ıssel	1 Av	e. #	108	, Gait	hers	burg	, MD	20877
20a. METHOO OF DISPOSIT		I down State	20b. PLACE A	ND DATE (OF DISPOSI	TION /Nam	ne of		OATE	_		City or Tov	
4 Denation 5 Other		T HOIII State	Morela	and N	lemor	ial	Park	: 8/	/10/94	Ba	ltimo	ore.	Maryland
21 SIGNATURE OF FUNERA	L SERVICE LICEN	SPE)		22. N	AME AND	ADDRES	S OF FAC	CILITY De	701 F	uner	al Ho	ome
Ahe	bound	3/1/	Jul	ran					Park I				
Gaithersburg, MD 20877 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reaplratory arrest, Approximate													
shock, or h IMMEDIATE CAUSE (Fil		t only one cause	on each line.										interval Between Onset and Death
disease or condition	101	5+	- 2 10										
resulting in death)	8	OUE TO (C	R AS A CONSEO	UENCE OF	T):								Oht wee
					-								
Sequentially list condit if any, leading to imme		DUE TO (O	R AS A CONSEO	UENCE OF	7:								
csuse. Enter UNDERLY CAUSE (Disease or Inju	ING												
that initiated events		OUE TO (O	R AS A CONSEO	UENCE OF):								
resulting in death) LAS	T d												
DART ii Other eignifies	nt conditions o	and the standard of											
PART ii. Other aignifice		,,			n the und	derlying	cause g	iven in	Part I. 24	 WAS AN PERFOR 		1000	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
Conge	MIV	c H	cart		41	16	VE		1	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
Abyton									_				1 TES 2 NO
		ONTRIBUTE	TO CAUS	SE OF	DEAT	H Y	ES 🔲	NO					~
25. WAS CASE REFERRED T EXAMINER?		IOSPITAL:			OTHER		CE OF DE	ATH (Che	ack only one)				
1 TYES 2 NO	1	Inpetient 2 🗆 E	R/Outpetlant 3	□ DOA			5 🗆 Ras	aldenca	6 Other (S	pecify)			
27. MANNER OF DEATH	,	26a. DATE OF IN (Month, Day,		28b. TIM	E OF URY	28c. INJU WOR			28d. DESCR	BE HOW I	NJURY OC	CURED	
	Pending Investigation				M	1 - YE		NO					
	Could not be	28e. PLACE OF building, at	INJURY — At hon c. (Specify)	me, ferm, a	itreet, fecto	ry, office			281. LOCATIO	DN (Street a	ind Numbe	r or Rural A	oute Number,
4 Homicide	datermined								,	,			
29a. CERTIFIER 1 CERT	TIFYINO PHYSICIA	N: To the best of m	y knowledge, dea	rth occurre	d at the tir	ma, data a	nd place,	end dua	to the cause(e) end man	ner as ata	ted.	
onel													end manner as stated.
29b. SIGNATURE AND TITLE	OF CERTIFIER			-			29s. LICE	NSE HUN	MER		29d. DA3	E SIGNED	(Month, Day, Year)
Mista	cons	7-1 d	no				00	18	3 0		Þ 9	121	14
30. NAME AND ADDRESS &	PERSON WHO	OMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)	15	41	a of	ma	1	0		- A
Christle	loh. V	Du	nt ou	d	0	17	Y	: 11	6	ara	500	1/2	8.50
31. DATE FILED (Month, Day,	V 0 400 4	32. REGISTRAFI	SIGNATURE	jande	E "	4	. (/		1	V		- al.l.	
AUG	8 1994	duna	to tabbase		states.				*				

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

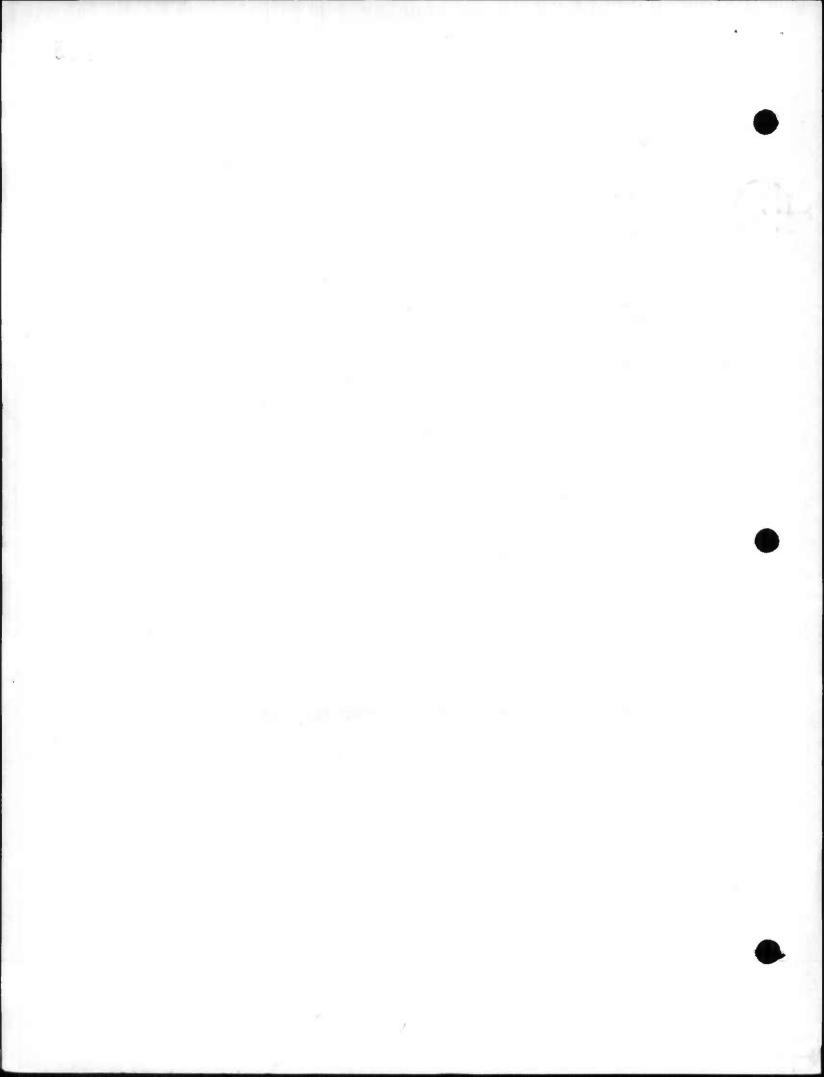
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit part be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020



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OR ALLENDING PRISIDIAN. He law requires that the beautificate be executed within a would after death. Page 6 may be retained by the hospital of a	should	nours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	About 00 to security of the contract of the co
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		FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAN	D / DEPAI CERTIF	RTMENT	OF HI	EALTH DEA	AND	MENT	AL HYGIEN REG. NO.			
	1	1. DECEOENT'S NAME (First	Middle, Last)									TE OF DEATH	N.	YEAR	3. TIME OF OEATH
-	- 3			GREEN H										994	1:55p w
y This		218-16-5	476	5. SEX	6. AGE (In yr	s. lest birthday) YRS.	MONTHS C	MYB	IF UNDE	MIN.	7. DAT (Mo	TE OF BIRTH with, Day, Year) -15-192	4	8. BIRTH Countr	PLACE (State or Foreign y) VIRGINIA
	~	90. FACILITY NAME (If not in	stitution, give s	treet end number)			96. CITY, TO	OWN OF	LOCAT	ION OF D	EATH		9c. COU	NTY OF D	EATH
	DIRECTOR	519 GORI	EDENT				SA	LIS	BUR	Y			W	ICOM	ICO
	F	10e. STATE	10b. COUNT				Y, TOWN OR								10d. INSIDE CITY LIMITS?
1	470	MD . 104. STREET AND NUMBER	WIC	OMICO			SALIS								1 TES 2 NO
LADE OF	FUNERAL	519 GORI	DY RD.						zip cod 2180				10g. CIT	U.S	•A•
	₽	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES* 1 YES 2 NO Specify: Specify:										— American Indien, k, White, etc.			
			EOENT'S EDU highest grade		164	. DECEOENT'S	USUAL OCCI	JPATION	d of worki	0/7	11	6b. KIND OF BUS	SINESS/INC	DUSTRY	
	COMPLETED	Elementary/Secondary (0		College (1-4 or 5	·)	life. Do NOT u	PERSON		OF WORK	ng .		DEPT.	STO	RE	
OUCE	ő	17. FATHER'S NAME (First, Mi	iddle, Last)						18. MOT	HER'S NA	ME (First	, Middle, Meiden	Sumeme)		
19	BE (GEORGE V		D GREEN						LOU	ISE	ANN CU	RTIS		
	70	194. INFORMANT'S NAME (7)										mber, City or Town			
9		CARLTON I		D				-		SALI	SBU	RY,MD.	2180	1	
MUST		20e. METHOD OF DISPOSITI	n 3 🗆 Rem	oval from State	cemetery	CEAND DATE	ther place)				0,4	TE 20c. LOC	CATION —	City or To	wn, Siete
5		21. SIGNATURE OF FUNERAL SERVICE LICENSEE POWELLYTILE CEMETERY 8-3 POWELLYTILE, MD.													
medical examiner		· Lua	la	1/30	run	e &		BOUN	DS.	FUNE	RAL	HOME, S.			,MD.
nt, the medic		23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disesse or condition resulting in deeth)	sert ramure.	a. List only one cat	ru	ilne.	_	a mod	e of dy	ing, suc	h as ca	ordiac or respin	ratory em	rest,	Approximata interval Between Onset and Death
y, or uner traumant eve	CERTIFICATION	Sequentielly list condition if any, leading to immed cause. Enter UNDERLY!! CAUSE (Disease or injust that initiated events resulting in death) LAST	diata NG ry	b	(OR AS A COI	NSEQUENCE OF	F):			,					
3	PHYSICIAN: MEDICAL (PART II. Other significes	nt condition	a contributing to	deeth but n	ot reaulting	in the unde	riying	ceuse (given in	Part i.	24s. WAS AN PERFORE	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
7 Шеш	ఠ	25. WAS CASE REFERRED TO EXAMINER?	MEOICAL	HOSPITAL:				26. PLA	CE OF D	EATH (Ch	eck only	one)			,
10	ΙS.	1 YES 2 YO		1 Inpatient 2	ER/Outpatien	t 3 🗆 DOA	OTHER:	Home	N Re	sidence	8 🗆 Ott	er (Specify)			
)	표	27. MANNER OF DEATH 1 Netyral 5 1	Pending	28e. DATE OF (Month, D		28b. TIM INJ	E OF 28 URY	c. INJUI	RY AT		28d. O	EŞCRIBE HOW IN	JURY OCC	CURED	
198	à	2 Accident	nvestigation						\$ 2	NO					
SI 07 L		3 Suicide 8 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)													
AT: II REII	COMPLETE			CIAN: To the best of R: On the basis of e											end manner ee stated.
	BE C	296. SIGNATURE AND TITLE	OF CERTIFIEF					1:	29c. LICE	NSE NU	IBER	. 1	29d, DATI	E SIGNED	(Month, Day, Year)
<u> </u>	9 0 1	1 then	10	W.					D	000	740		•	8-	2-94
	-	30. NAME AND ADDRESS OF	PERSON WHI	COMPLETED CAUS	E OF DEATH	TEM 27) (Type,	Print)				-				-/
		31. DATE FILEO (Month, Day,) AUG 0	3 1994	32 REGISTRA	R'S SIGNATUR	ardall									

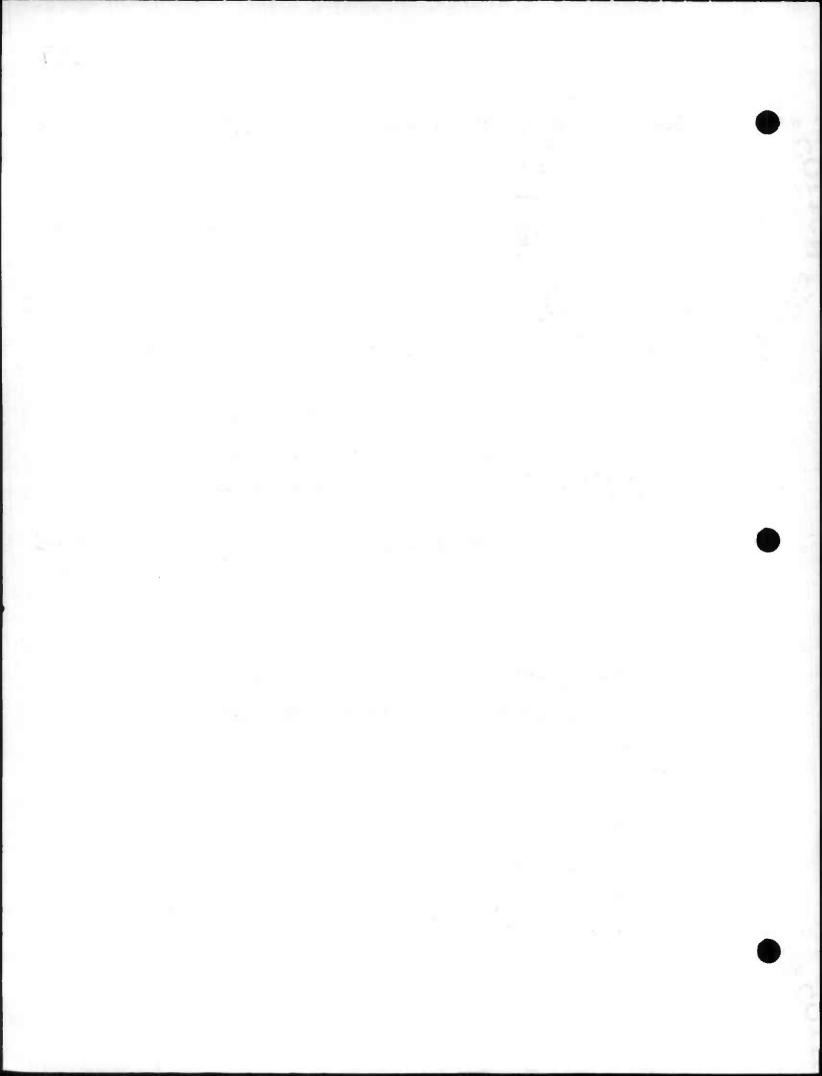
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	C	ERTIFIC	ATE OF	DEATH	REG. N	0.					
- 9	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH			
- 1	ELSWORTH J	HUBB	ARI			מייט	a 2	dir	1500ho +			
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. le		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	Ø/					
		_	INC.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country))			
	214-10-4000 4					12/17/	14	Mar	yland			
- 4	9a. FACILITY NAME (If not institution, give street and nu	umber)	9	b. CITY, TOWN C	A LOCATION OF DE	ATH	9c. COL	INTY OF DE	ATH			
DIRECTOR	Dorchester Genera	l Hospita	1	Cambi	ridge		Do	rche	ster			
Ĭ	10a. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCAT	ION				10d. INSIDE CITY			
E E	Maryland Dorches	ter			Hurloc	k			LIMITS? 1 TES 2X MO			
4	10e. STREET AND NUMBER			101	ZIP CODE		10g. CI1	IZEN OF WI	HAT COUNTRY?			
FUNERAL	7009 Beul				216	43	Uni	ted	States			
5	5000	DECEDENT EVER IN U.S. ACCES? 1 YES 2				IIC ORIGIN? (Specify)	ea or No-	14. RACE	— American Indian,			
BY		S, GIVE WAR OR DATES	NO		2) (NO Specify	n, Puerto Rican, etc.)			Black			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. Di	ECEDENT'S US	UAL OCCUPATION	ON .	16b. KIND OF B	USINESS/IN	DUSTRY				
ᆸ		(1-4 or 5+)	sive kind of wor B. Do NOT use ri	k done during mo etired.)	st of working				American Indian, White, etc. Black American Indian, White, etc. Black On A 3 Steta aryland ral Home 21632 Approximate interval Between Onset and Death 24 L/S PERE AUTOPSY FINDINGS WOMPLETING TO OMPLETING OM			
립	Ninth		ruck	Driver	-	Tran	on					
N	17. FATHER'S NAME (First, Middle, Last)				18 MOTHER'S NA	ME (First, Middle, Maid	o Company					
	Daniel James	Hubbard				lotte Ar		nnie	. In			
BE	19a. INFORMANT'S NAME (Type/Print)								- []			
2	Cassie Diggs					Route Number, City or To						
						Hurlock	_					
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) 20c. LOCATION — City or Town,											
	4 Donetton 5 Other (Specify) Fastern Shore Vet. 8-8 Hurlock, Maryland											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME AN	D ADDRESS OF FA	CILITY	سحما	E	mail Have			
	Michael 7. Esk	ew-										
	23. PART i. Enter the disesses, or complicet	tions that caused the d	eeth. Do not									
	shock, or heart fellura. List only	one cause on eech lin	6.				piratory of		interval Between			
	iMMEDIATE CAUSE (Finel disease or condition											
	reaulting in deeth) e. Ursepis											
		DUE TO (OR AS A CONSE	OUENCE OF):									
S	Sequentially list conditions, b. Dur 70 / 00 46 4 CONSTRUCTION											
Ě	if any, leading to immediate	DUE TO (OR AS A CONSE	OUENCE OF):									
5	CAUSE (Disease or injury											
E	thet initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSE	OUENCE OF):									
CERTIFICATION	d.											
	PART II. Other significant conditions contrib	outing to death but not	resulting in	the underlying	cause alvan in	Part i 24a was s	N AUTOPSY	244	WEDE ALTTOREY ENIONICS			
DICAL			Tooditing in	are origenying	g couse given in	PERF	DAMED?		AVAILABLE PRIOR TO			
ă	- 201 5 , CF(+	, Dm				1 _ YES	2 🗌 NO		OF DEATH?			
ME									1 TES 2 NO			
ä	DID TOBACCO USE CONT	RIBUTE TO CAL	JSE OF	DEATH Y	YES NO	FIC						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch							
SK	l noses	PAL: itlent 2 ☐ ER/Outpatient :		THER:	e 5 🗆 Rasidence	6 Other (Specify)						
₹		. DATE OF INJURY	26b. TIME C	F 28c. INJ	URY AT	26d. DESCRIBE HOV	INJURY OC	CURED				
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	y wo	RK? ES 2 NO							
B	2 Accident Investigation	PLACE OF INJURY — At h	Ome form stre			201 LOCATION (Com-		0				
	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Specify)	J. 121111, 2010	ot, raciory, onic		261. LOCATION (Stree City or Town, Ste	e)	ir or nuraii no	are rramber,			
COMPLETED	29a. CERTIFIER											
를	(Check only 1 CERTIFYING PHYSICIAN: To the											
ŏ	2 MEDICAL EXAMINER: On the I	beals of exemination and/or	Investigation, I	n my opinion, d	eath occured at the	time, data and place,	end due to t	he cause(a)	and menner as stated.			
	296. SIGNATURE AND TITUE OF CERTIFIER	1000			29c. LICENSE NUM	IBER	29d. DA	TE SIGNED (Month, Day, Year)			
BE	1'den l'Util				D44.	749	•	8/2	194			
유	30. NAME AND ADDRESS OF PERSON WHO COMPLE	TED CAUSE OF DEATH (ITE	M 27) (Type, Pri	int)	- 17	1 (1		1	177			
	Peter Whitege	U mo	7		ra SA	Suite	15	Can	novage			
	31. DATE FILED (Month, Day, 16er) AUG 05 1994	HEGISTRAR'S SIGNATURE	ardall			MD	2	163	8			

DIVISION OF VITAL RECORDS, P.O. BOX 68760

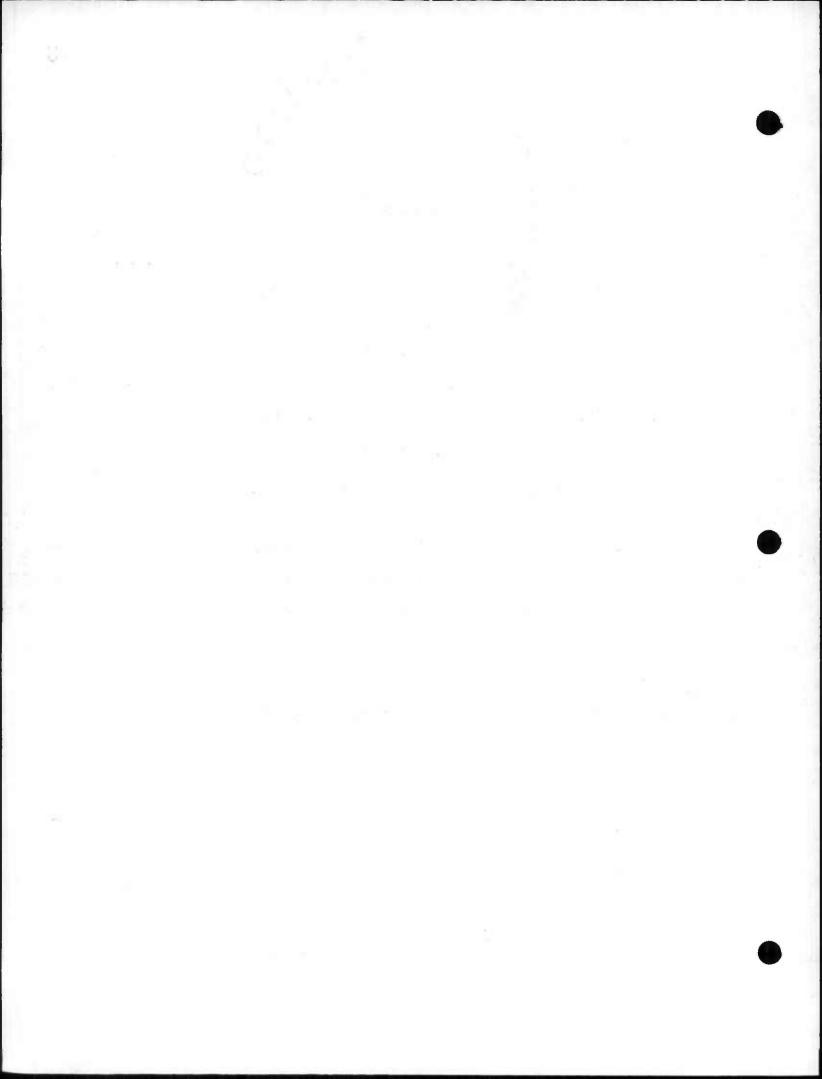
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death, Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed with nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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_	NEGISTRAN				OLN	TITION	VIE O	L DEW	ın	REG. N	J.			
	1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE OF DEATN	n d w	,	3. TIME OF DEATN	
	GI	EORGE	н	RNER					V I		DAY 3	G L	1345 "	
1	4. SOCIAL SECURITY NUME		5. SEX		n yrs. last birt	Inday) IF U	NDER 1 YEAR	IF UNDER	1 24 HRS.	7 DATE OF BIRTH	3		PLACE (State or Foreign	
1	214-07-761	5	1 M 2 - F	76		YRS. MONT	THS DAY		MIN.	(Month, Day, Year) FEB 2 19	18	Countr		
	9a. FACILITY NAME (If not in	nstitution, give s	treet and number)			9b.	CITY, TOW	N OR LOCATI	ON OF DE			UNTY OF D		
<u>ج</u> ا	Dorches	ter Ge	neral Ho	spita	al			Cambri					ester	
DIRECTOR	RESIDENCE OF DEC								-0-					
Ü.	10a. STATE	10b. COUNTY			10	c. CITY, TO	_	_					10d. INSIDE CITY LIMITS?	
٥	Maryland		Dorchest	er		Ca	ambri	dge					1 X YES 2 NO	
FUNERAL	10e. STREET AND NUMBER							10f. ZIP COD					VHAT COUNTRY?	
	916	Roslyn	Ave.						2161	3	U	.S.A.		
5	11. MARITAL STATUS	U.S. ARMED 2 NO		13. WAS D	ECENDENT (OF NISPAN	IC ORIGIN? (Specify Y	a or No-	t4. RACE	- American Indian,				
BYF	1 Never Married 2 2 3 Utdowed 4 Divo			specify Cubi		n, Puarto Rican, atc.)		Speci	t, White, etc.					
		World								white				
Ħ I	15. DEC (Specify onl		ENT'S USUA	lone during	TION most of worki	ng	16b. KIND OF B	JSINESS/IN	DUSTRY					
COMPLETED	Elementary/Secondary (6	College (1-4 or 5	NOT use retir	red.)			10001	£	-h+ 1	a1:				
B B	6		ck dr	Tver.						elivery				
8	17. FATNER'S NAME (First, M			ts. MOT		ME (First, Middle, Meide			alair.					
B	W	James						ley		clair				
2	Man Olion						Noute Number, City or To							
	Mrs. Olive		ner		916	o Kos.	⊥yn A	ive.,	camb	ridge MD	2101.)		
	20a METHOD OF DISPOSIT	on 3 🗆 Ram	oval from Stata	20b.1	PLACE AND	DATE OF DIS	pate 20c. Location - City or Town, Stata 20c. Location - City or T							
	4 Donation 5 Other			Mc	d. Vet	teran	_			8/16 Hur	lock	Mary	land	
	21. SIGNATURE OF FUNÉRA	L SERVICE LIC	ENSEE		0		22. NAME	AND ADDRE	SS OF FAC	Thoma	s Fu	neral	Home	
	1 / Lu	with	R Men	- اساير	4		700	Locus	st St	. Cambrid				
	23. PART i. Enter the d	Iseasea, or o	complications the	t ceused	the death.	. Do not e					_		Approximate	
1	anock, or h	eert fellure.	List Dnly Dne cau	se Dn ee	ch line.			-	-			,	interval Between Onsat and Death	
1	immediate cause (Fir disease or condition	nal	0.0	1	100	111							Orient and Death	
H	reaulting in death)	7	DUE TO	OR AS A	CONSEQUE	NCE OFI:	66V	PI	ERFOR	RATED ULCE	R		or mante	
_		_	Bras				J. C.	36	BRAT	N METASTA	SES		2 was	
ō I	Sequentially list condit				CONSEQUEN		er 21	- 2			تابدت		C. 22000	
CERTIFICATION	If any, leading to Imme cause. Enter UNDERLY	ING	Lune				Cs.	1.1	ING C	CARCINOMA			12 200000	
Ĕ	CAUSE (Disease or Injuther Initiated events	Jry 1			CONSEQUEN			TV	,11G C	ALIONIA STATE			a y rus	
	resulting in deeth) LAS	et 💮	,											
შ ∥			-	- 8										
A I	PART II. Other eignifice				A .			^	given in		N AUTOPS	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
EDICAL	Chronic	Obs	tructio	æ	Pulu	none	4-4	VUIS	580		1 /		COMPLETION OF CAUSE DF DEATH?	
N N												- 1	1 TYES 2 NO	
	DID TOBACC	O USE	CONTRIBUT	E TO	CAUSE	OF D	EATH	YES D	NC	пΙ				
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?		HOSPITAL:				26.	PLACE OF D						
Š	1 TES 2 NO		1 Inpetient 2	ER/Outpa	rflant 3 🗆 E		HER: Nursing H	ome 5 🗆 R	ealdenca	6 Other (Specify)				
E I	27. MANNER OF DEATH	vo.vo.t	28a. DATE OF (Month, D		28	b. TIME OF		NJURY AT		28d. DESCRIBE HOW	INJURY O	CCURED		
BY		Pending Investigation		,				YES 2	□ NO					
	3 Suicide 8	Could not be	28a. PLACE C	F INJURY -	- At home,	farm, street,	factory, of	fica		281. LOCATION (Stree City or Town, Stat		er or Rural F	Route Number,	
TED		determined		,	**					ony or rown, State	•,		1	
ן ב	29a. CERTIFIER	TIFYING PHYSI	CIAN: To the beat of	my knowle	edga, death	occurred at	the time. d	na and place	, and due	to the cause(a) and m	nner se e	ated		
COMPLE	0001) and manner as stated.	
- 11	29b. SIGNATHRE AND TITLE													
岁	/ hand		mu	0				29c. LIC	ENSE NUM	()	29d. DA	TE SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF	PC			TH (ITEM AT) (Time Dilling		I U	38	60)		8	13 94	
	1/5 1.	21-	COMPLETED CAU	SE OF DEA	(I P (I I EM 27				G	C L	1.	1 A 4	10 211-17	
	31. DATE FILED (Month, Day,	Veneri	30 perdor-	Did ciont	TURE A		uro	VA	130	Cur DV	Lage	UN	10 21613	
	A I I C	1 5 199	32. REGISTRA	dave	usi-Na	dall					0			
	AUla	1 0 10.												



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

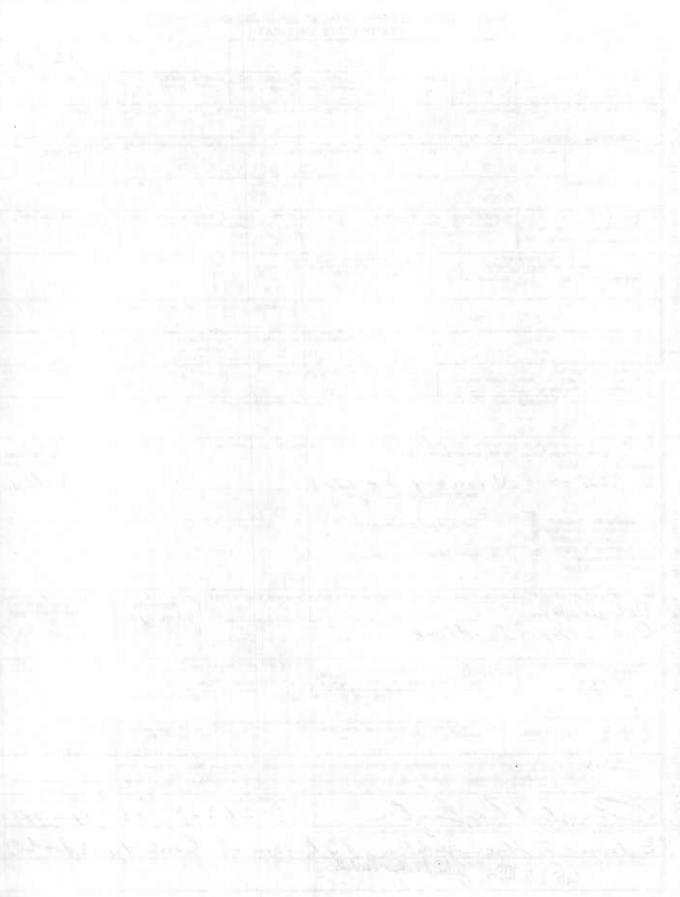
1. OECEDENT'S NAME (First, Middle, Last)			IOMIL OI	DEATH	F	REG. NO.		
EVELYN	WROTEN	HOOPER			2. DATE OF CEATH		94	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 217–10–8841	1 □ M Z/(XF	GE (In yrs. lest birthday) 90 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D. May	BIRTH By. 1607) 31 1904	Coun	HPLACE (State or Foreign try) Cyland
William Hill Hea	9a. FACILITY NAME (If not institution, give street and number) William Hill Health Care Center						orchester	
RESIDENCE OF DECEDENT 100. STATE 100. COUNT Maryland Dor	r chester		Y, TOWN OR LOCA	urn Ave.	Camb	ridee		10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 525 Glenburn		32		21613	, odino	10g. Cl	TIZEN OF	1) YES 2 NO
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES ZYNO	If yes, sp	CENOENT OF HISPA Hecify Cuben, Mexico 5 2 NO Specia	en, Puerto Rice		Blec	E — American Indian, ck, White, etc.
15. OECEOENT'S EOL (Specify only highest grade	UCATION (e completed)	16a. OECEOENT'S	USUAL OCCUPATION	ON pet of working	16b. KII	NO OF BUSINESS/IN	OUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	bookkee	se retired.)	os o working	spo	orting go	oods	store
17. FATHER'S NAME (First, Middle, Last) CHARLIE		18. MOTHER'S NAME (First, Middle, Malden Surname) HENRIETTA HORSEMAN			IAN			
190. INFORMANT'S NAME (Type/Print) Thomas L. Hooper Jr. 19b. Mailing Address (Street and No. 901 Greenway Dis								
20a. METHOO OF OISPOSITION 1 57 Burlet 2 Cremetion 3 Ren 4 Donation 6 Other (Specify)	noval from Stata	20b. PLACE ANO OATE cemetery, crematory or o	ther place)		OATE 20c. LOCATION — City			
21. SIGNATURE OF FUNERAL SERVICE LI		er Memorial Park 8/17 Cambridge Maryland 22. NAME AND ADDRESS OF FACILITY Thomas Funeral Home						
* Kennets	(R I hom	== f	700	Locust st		oridge M		
disease or condition resulting in death) a. UVILIARY SET II DUE TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):								
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If sny, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury	c. OUE TO (OR A	h but not resulting	F):	g cause given in		a. WAS AN AUTOPSY PERFORMEO?	7 241	AMAILABLE PRIOR TO
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Mours after death. Page 6 may be retained by the hospital or attending physician 10 THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunary be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020



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30. NAME AND ADDRESS OF

31. DATE FILEO (Month, Day, Y

Year)

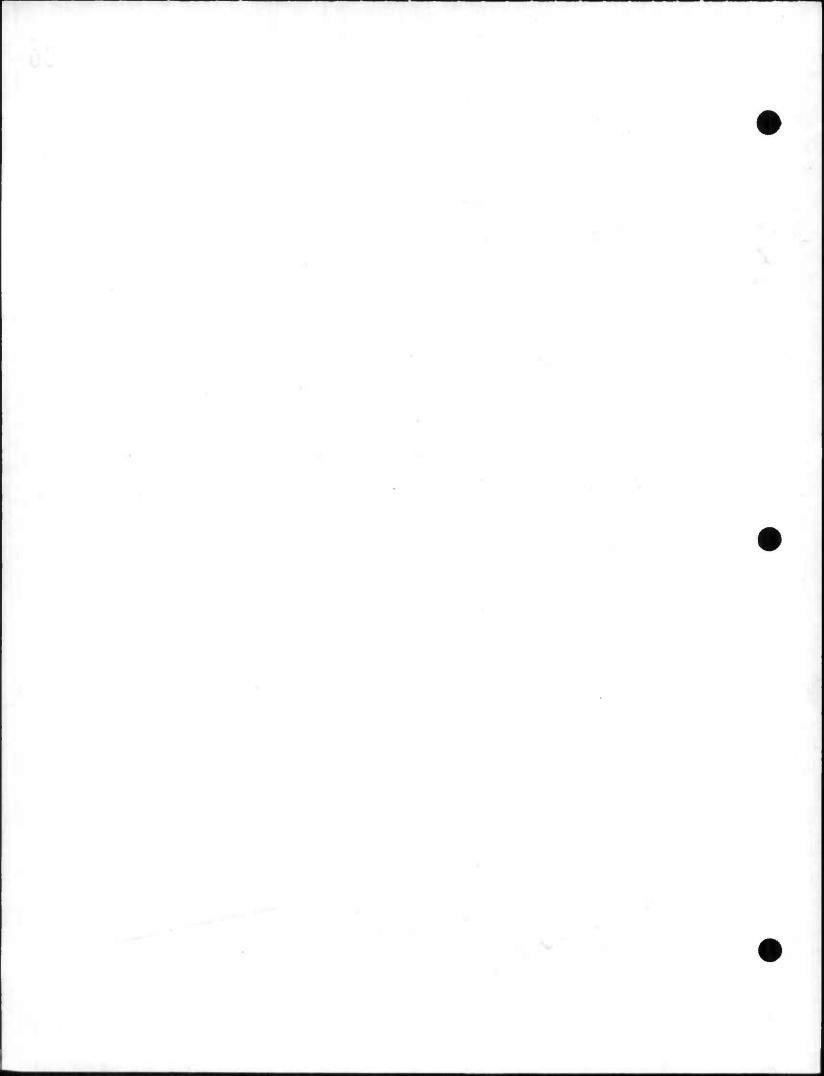
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PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

32. REGISTRAN SPIGNATURE

						2	4 24930	
	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT (_		
	t. DECEDENT'S NAME (First, Middle, Last)	Minnie Kather	rine Hess	OF DEATH	2. DATE OF DEATH MONTH D.	AY YE	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 2/7-03-6258	5. SEX 8. AGE (in yrs. 1	YRS. MONTHS D	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 02/15/19/0		BIRTHPLACE (State or Foreign Country) unchbung, VA	
стов	19204 Sandy Hook	FACILITY NAME (If not institution, give street and number) 9204 Sandy Hook Road Knoxville SIDENCE OF DECEDENT				% COUNTY OF GEATH Washington		
FUNERAL DIRECTOR	Manyland Washi		Knoxvil	Le			16d. INSIDE CITY LIMITS? 1 YES 2 NO	
	19204 Sandy Hook			21758		US		
BY	1t. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. / FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	NO IT Y	S DECENDENT OF HISPAN res, specify Cuban, Mexica YES 2 NO Specify	n, Puarto Rican, atc.)		RACE — American Indian, Black, Whita, atc. Specify: White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	DECEDENT'S USUAL OCCI (Give kind of work done duri ite. Do NOT use retired.)	UPATION ing most of working	166. KIND OF BUI			
BE CON	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Eula Lea Yowell							
70	190, INFORMANT'S NAME (Type/Print) Ervin M. Hess			Street and Number or Rural I y Hook, Road			*	
	20a. METHOD OF DISPOSITION D(D(Burlet 2	ovet from State 20b. PLAC competery, C	E AND DATE OF DISPOSITION FOR PLACE HE	ights Cemer	tery Brown	unsville	le, MD	
	21. SIGNATURE OF PUNERAL MERVICE LIC	Riams, Lie	ma 22, NA	hn I. Will	iana Funero	al Home	ck, MD 21716	
	23. PART I. Enter the diseasea, or cahock, or heart failure.	omplications that caused the class only one cause on each ile	deeth. Do not enter th	e mode of dying, auc	h as cardiec or respi	ratory arreat,	Approximate Interval Between	
	iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	DUE TO (PR AS A CONS	TVE HE	eart Fa	ilure		Onset and Death y RevS	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST							
B	2007 11 201 1 1111	1.						
PHYSICIAN: MEDICAL	Chronic obs	Mellytus	monary	difeate	Pert I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN:	Myelodysp	lasid	2					
Sic.	25. WAS CASE REFERRED TO MEDICAL (EXAMINER? 1 YES 2 NO	HOSPITAL:	OTHER:	28. PLACE OF DEATH (Ch				
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)						
	3 Suicide 6 Could not be detarmined	28a. PLACE OF INJURY — At building, atc. (Specify)				d. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner ea stated.							
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	MD		29c. LICENSE NUN	ABER	29d. DATE SIG	GNED (Month, Day, Year) 9 (9:4	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALIFE OF DEATH AT	THE OTHER PROPERTY.	77				



DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending and TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Memail Hyginen prior to burial, certainfor, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	320	1	4	
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Pages 1, 2, 3 should

_		REGISTRAR	STATE OF MARYL				IEALTH AND	MENTAL	HYGIENE REG. NO.			
1		1. DECEDENT'S NAME (First Middle, Last)	3.77.077.497					2. DATE (OF DEATH	rY	EAR 3.	TIME OF DEATH
1			MICHAEL		UIS	HAR	,	Aug	ust or	9 9	4	941 "
		213-52-5330	X M 2 □ F	n yrs. last	-	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN,	7. DATE ((Month) 12	Day, Year)	946	Country)	yland
1	OR	9a. FACILITY NAME (If not institution, give street Fallston General	end number)		96	Falls-	OR LOCATION OF DE	EATH		9c. COUNTY	OF DEAT	4
	[[RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CITY. TO	WN OR LOCA	TION				10,	J. INSIDE CITY
	DIRECTOR		arford			Ja	rrettsv	rille	3	100	LIMITS?	
/	FUNERAL	10s. STREET AND NUMBER	_			10	1. ZIP CODE			10g. CITIZE	N OF WHAT	COUNTRY?
3	핃	2062 Harris					2108				U.S	A
1	BY FU	11. MARITAL STATUS 1	. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 N		If yes, ap	CENDENT OF HISPAN Hecify Cuban, Maxica is 2 1 NO Specifi	in, Puerto R		or No- 14	Specify:	American Indian, hite, etc.
	0	15. DECEDENT'S EDUCATION		18a, DEC	EDENT'S USU	AL OCCUPATION	ON	16b.	KIND OF BUS	INESS/INDUS		casian
ŀ		(Specify only highest grade com Elementary/Secondary (0-12) Co	pleted) ollege (1-4 or 5+)	(G/V	e kind of work Do NOT use rei	done during mo	mputer			ation		
	립	12	4.	Pr	ogran		nalvsis	,	Cred		_	
once.	COMPLET	17. FATHER'S NAME (First, Middle, Last)		do the	OBJE CAL	101 11	18. MOTHER'S NA				az u	
क	ш	William E	mmett	Har	ris		Ida		Mild	red		Gill
	00 1	19a. INFORMANT'S NAME (Type/Print)		7		DRESS (Street a	and Number or Rural	Route Numb				21084
9	2	Deborah A. Ha:	rris	2	062 1	Velso:	n Mill	Rd.	Ja	rrett	gvi	
must be		20a METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Removal	from State		ND DATE OF D	SPOSITION (Na		DATE		ATION - CIT		
		4 Donation 5 Other (Specify)	Ja	wrre	ttsv		Cem.	8/12	Jar	retts	vil	le. Md.
examiner		21. SIGNATURE OF FUNERAL SERVICE LICENS	BEE D J W			22. NAME A	ND ADDRESS OF FA					
еха		1/1/ Liladden	Kurbi	11_			rtz Fun					
20		23. PART I. Enter the diseeses, or com	plications that saused	the dee	th. Do not	enter the mo	rrettsv	h as card	lac or respir	atory arres	1.01 t.	Approximate
medical		ahock, or heert fellure. List	Dnly Dne cause on e	ch line.								interval Batween Onset and Death
a a		IMMEDIATE CAUSE (Finel diseese or condition	Sudd	lon	Co	ndle	· Do	ate	٦,			Onset and Dadit
event		resulting in death) a	DUE TO (OR AS A	CONSEC		CO	· · · ·	901	1			
	z	* Menturular Fibrullation / asystal 30 mi										
traumatic	일	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEC	UENCE OF):		i			,		110
盲	<u>8</u>	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	CO	lon	any	au	Herry	de	sland)-		10 year
other	CERTIFICATION	thet initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEC	UENCE OF):							0
9	5	d										×
의	<u> </u>	PART II. Other significent conditions co	ontributing to deeth b	ut not re	sulting In th	ne underlyin	g ceuee given in	Part I.	24a. WAS AN	WTOPSY		RE AUTOPSY FINDINGS
auk	EDICA								PERFORI		CO	MPLETION OF CAUSE
Shows	MEC							_		4		DEATH?
ž	-	DID TOBACCO USE CO	NTRIBUTE TO	CAUS	E OF D	EATH Y	ES NC				"	,
m 23	X	25. WAS CASE REFERRED TO MEDICAL				28. PI	LACE OF DEATH (Ch	eck only one)			
r Item	Sic		OSPITAL: ER/Outp	ationt 3 [HER: Nursing Hon	ne 5 🗆 Rasidenca	8 Other	(Specify)	_		
9,0	PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME OF	28c. IN.	JURY AT		CRIBE HOW IN	JURY OCCU	RED	
	BY	1 Natural 5 Pending 2 Accident Investigation	(monor, buy, rour)		INSUNT		YES 2 NO					
	E0 B	3 Suicide 8 Could not be	28s. PLACE OF INJURY building, stc. (Spec	— At horr	ne, farm, stree	t, factory, offic	:0	28f. LOCA	TION (Street as	nd Number or	Aurel Route	Number,
1 28 is		4 Homicide detarmined						J., C	, iowii, diale)			
H Item	COMPLET	29s. CERTIFIER 1. CERTIFYING PHYSICIAN	: To the best of my knowl	edga, dea	th occurred at	the time, data	and place, and due	to the caus	se(s) and man	ner as stated.		
	8	one) 2 MEDICAL EXAMINER: O										d manner as stated.
	Ö U	296. SIGNATURE AND TITLE OF CERTIFIER	1				29c. LICENSE NUI	WBER	T	29d. DATE S	IGNED (Mo	onth, Day, Year)
=	0	Yuncant P	Wrobl	QUI	Stin	MD	D43	303	4	•	01	194
	임	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DE	TH (ITEM	27) /Jima Prin	0			4		-	- 1 -

IMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

POBLEW 31.

32. REGISTRAR'S SIGNATURE

VINCENT

9 1994

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YORK

and the second of the second o

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Dey, Year) AUG 12 1994

22. REGISTRAR'S SIGNATURE

1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIE	TMENT OF I			YGIENE EG. NO.	
1. DECEDENT'S NAME (First, Middle, Last)		OLIIII.	IONIE OI	DEATH	2. DATE OF I	DEATH	3. TIME OF DEATH
Arlen Ray I	Hall				Augus	st 6, 1994	EAR
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E (Month, De	HRTH 8.	BIRTHPLACE (State or Foreign Country)
215-30-2849	1 🖾 M 2 🗆 F	58 YRS.		7/25	8/30	$\sqrt{35}$ W	est Virginia
Sa. FACILITY NAME (If not institution, give				OR LOCATION OF DE		9c. COUNTY	
111 Robin Hood I	Koad		Havro	e de Grac	e	Har	ford
10a, STATE 10b, COUNT		11100	Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?
Maryland 100, STREET AND NUMBER	Harford	H	lavre de				1 TYES 2 NO
111 Robin Hood B	Road		10	7. ZIP CODE 21078			OF WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED	13. WAS DE	CENDENT OF HISPAN	IC ORIGIN? (S		
1 Never Married 2 Married	FORCES? 1X	YES 2 NO	If yes, s	ecity Cuban, Mexican 3 2 X NO Specify	, Puerto Ricar	, atc.)	RACE — American Indian, Black, White, stc.
3 Widowed 4 Divorced	Korea						White
15. DECEDENT'S EDU (Specify only highest grad		16a. DECEDENT'S (Give kind of a	USUAL OCCUPATI work done during mi ie retired.)	ON ost of working	16b. KIN	D OF BUSINESS/INDUS	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	Civil			11.5	G. Governm	ent
17. FATHER'S NAME (First, Middle, Last)		CIVII		18. MOTHER'S NAI			CITC
Dallas Morgan Ha	all			Mabel M			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural R	loute Number, C	ity or Town, State, Zip Co	de)
Mrs. Dixie L. Ha	all	111	Robin H	ood Road,	Havre	e de Grace	, MD 21078
20a. METHOD OF DISPOSITION 5 Burlal 2 Cremetion 3 Ren	noval from State	20b. PLACE AND DATE (OF DISPOSITION (N	ame of	OATE	20c. LOCATION CIN	or Town, State
4 Donation 8 Other (Specify)	CENSEE	Harford N		Gardens ND ADDRESS OF FAC		Aberdeen,	Maryland
1.4.	1.11	.01.1.	Tarri	ng-Cargo	Funera	al Home, P 21001-339	.A.
pusien!	ANY U	rguspe					
23. PART I. Enter the diseases, or ahock, or heart fallure.	List only one cause	auseti the death. Do r on each lina.	ot enter the mo	ode of dying, such	an cardiac	or reapiratory arrea	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition	D.	c accidence	- 1				Onset and Death
resulting in death)	a. DUE TO (OF	AS A CONSEQUENCE OF	9:				
		resmonia					
Sequentially list conditions, if any, leading to immediate		AS A CONSEQUENCE OF	ງ :				
CAUSE (Disease or Injury	c						
that initiated events resulting in death) LAST	DUE TO (OF	R AS A CONSEQUENCE OF	F):				
	d						
PART II. Other algnificant condition		ath but not reaulting i	n the underlyin	g cause given in i	Part I. 24a	WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Cachexi	2 + 0				_ 10	YES 2 NO	COMPLETION OF CAUSE OF DEATH?
>tatus	POST PONO	el Transpl	end		_		1 TYES 2 NO
			90 P	LACE OF DEATH (Che	1 -1 -2 -		
25. WAS CASE REFERRED TO MEDICAL					CK ORN/ ORB)		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	emunetari a Male	OTHER:				
	1 Inpatient 2 El	R/Outpatient 3 8 00A	OTHER: 4 Nursing Hon E OF 28c, IN,	ne 5 Residence	8 Other (Sp.	icily) E HOW INJURY OCCUP	ED
EXAMINER? 1	1 Inpatient 2 El	JURY 28b, TIM	OTHER: 4 Nursing Hon E OF 28c, IN. URY	ne 5 Mosidence	8 Other (Sp.		€D
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation 3 Suicide 6 Could not be	1 □ Inpatient 2 □ El 28e. DATE OF IN. (Month, Day, 26e. PLACE OF II	JURY 28b. TIM (NJ	OTHER: 4 Nursing Hon E OF 28c, IN, URY WC 1	NO 5 Nosidence SURY AT ORK? YES 2 NO	8 Other (Spe 28d. DESCRIE 28f. LOCATION	HOW INJURY OCCUR	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pending 2 Accident Investigation	1 □ Inpatient 2 □ El 28e. DATE OF IN. (Month, Day,	JURY 28b. TIM (NJ	OTHER: 4 Nursing Hon E OF 28c, IN, URY WC 1	NO 5 Nosidence SURY AT ORK? YES 2 NO	8 Other (Spo 28d. DESCRIE	HOW INJURY OCCUR	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	28e. DATE OF IN. (Morth, Dey. 28e. PLACE OF II building, stc	JURY 28b. TIM (NJ NJ NJ NJ NJ NJ NJ NJ NJ NJ NJ NJ NJ N	OTHER: 4 Nursing Hon E OF 28c. IN, WY 1 1	NO SERVICE SER	B Other (Sp. 28d. DESCRIE 28f. LOCATION City or To	N (Street and Number or vn, State)	Rural Route Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	28e. DATE OF IN. (Morth, Dey. 28e. PLACE OF II building, stc	JURY 28b. TIM (NJ NJ NJ NJ NJ NJ NJ NJ NJ NJ NJ NJ NJ N	OTHER: 4 Nursing Hon E OF 28c. IN, WY 1 1	NO SERVICE SER	B Other (Sp. 28d. DESCRIE 28f. LOCATION City or To	N (Street and Number or vn, State)	
EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYS	26e. DATE OF IN. (Nonth, Dey. 26a. PLACE OF IS building, sto	JURY 285. TIM (NJ VSpecify) 285. Time (NJ LJURY — At home, farm, s. (Specify) knowledge, death occurre	OTHER: 4 Nursing Hon E OF 28c. IN, WY 1 1	INCOME SERVICE	8 Other (Sp. 28d. DESCRIE 28d. DESCRIE 28f. LOCATION City or for to the cause(e) time, date and BER	N (Street and Number or vn, State) and manner as stated. place, and due to the c	Rural Route Number, ause(s) and manner as stated. GNED (Month, Day, Year)
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE	28e. DATE OF IN. (Month, Day. 26e. PLACE OF IR building, stc	JURY 28b. TIM (NJ NJURY — At home, farm, a (Specify) knowledge, death occurre ination and/or investigatio	OTHER: 4 Nursing Hon E OF	INTERPORT OF THE PROPERTY OF T	8 Other (Sp. 28d. DESCRIE 28d. DESCRIE 28f. LOCATION City or for to the cause(e) time, date and BER	N (Street and Number or vn, State) and manner as stated. place, and due to the c	Rural Route Number, ause(s) and manner as stated. GNED (Month, Day, Year)
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WE	28e. DATE OF IN. (Month, Day. 26e. PLACE OF IS building, sto	JURY 28b. TIM (NJ NJURY — At home, farm, a (Specify) knowledge, death occurre ination and/or investigatio	OTHER: 4 Nursing Hon E OF 28c. IN. URY M 1 Intrest, factory, office and at the time, date on, in my opinion, of Print)	INTERPOLATION OF THE PROCESS OF THE	8 Other (Sp. 28d. DESCRIE 28f. LOCATION City or Ion to the cause(e) time, date and BER	N (Street and Number or vn, State) and manner as stated. place, and due to the c	Rural Route Number, ause(a) and manner as stated. IGNED (Month, Day, Year)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	

FOR STATE REGISTRAR	STATE OF	MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
DECEDENT'S NAME (First, Middle, Last)	W,	HAWKINS	2. DATE OF DEATH

	REGISTRAR		CERTIFI	CATE OF DEATH	REG. N	0.					
	1. DECEDENT'S NAME (First, Middle, Last) MAITLAND	W.	HAW	KINS	2. DATE OF DEATH	DAY 1994	EAR 12:32 M				
	4. SOCIAL SECURITY NUMBER 577-42-0608	1 [] M 2 [X] F	85 YRS.	F UNDER 1 YEAR F UNDER 24 HRS MONTHS DAYS HOURS MIN.	Mar 24	1909	SIRTHPLACE (State or Foreign Country) Virginia				
TOR	So. FACILITY NAME (If not institution, give so Southern Md Go RESIDENCE OF DECEDENT		spital	% Clinton	DEATH	Prince George					
DIRECTOR	10e. STATE 10b. COUNTY			TOWN OR LOCATION ashington	## A ##		10d. INSIDE CITY LIMITS? 1. YES 2 \(\square\) NO				
FUNERAL	100. STREET AND NUMBER 125 46th Pla	ace N.E.		101. ZIP CODE 20019		U.S	of what country?				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVEI FORCES? 1 TYPE IF YES, GIVE WAR OF	S 2 NO	13. WAS DECENDENT OF HISI If yes, specify Cuban, Max 1 YES 237 NO Spe	ican, Puerto Rican, etc.)	fea or No 14	. RACE — American Indian, Black, White, etc. Specity: Black				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of we life. Do NOT use	ISUAL OCCUPATION ork done during most of working retired.)	16b. KIND OF 8	USINESS/INDUS	TRY				
*		2 Yrs	Nur								
BE CO		Harper		R		chuyle	The state of the s				
2	190. INFORMANT'S NAME (Type/Frint) (MS Wanda Hoo	Daughter) d	196. MAILING /	ADDRESS (Street and Number or Run 46th Place							
	20e. METHOD OF DISPOSITION [C] Buriel 2 Cremetion 3 Rem. 4 Donation 5 Other (Specify)	oval from State	COD. PLACE AND DATE OF CONTROL OF	F DISPOSITION (Name of COIn Cemeter	y 8/9 B1	ocation - city adensk	or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1.	Snowden E	uneral H		A. 20850 Rockville, Mo				
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one couse or	eech line.	r diseas		piratory arres	t, Approximate Interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
MEDICAL	PART II. Other significant condition	_	n but not reaulting in	the underlying cause given	In Part I. 24a. WAS / PERF	AN AUTOPSY ORMED? 2 2 10	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	Check only and						
S	EXAMINER? 1 PYES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 % ER/O		OTHER:							
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Yea	Y 28b, TIME	4 Nursing Home 5 Residence OF 28c, INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOV	Y INJURY OCCUP	RED				
	3 Suicide 8 Could not be detarmined	28a. PLACE OF INJU- building, etc. (S	JRY — Al home, farm, st specify)	reet, lactory, office	201. LOCATION (Street City or Yown, Sta	et and Number or te)	Rural Route Number,				
COMPLETED	11			d at the time, date and place, and d i, in my opinion, death occured at i							
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	un no		29c. LICENSE 1	NUMBER 79	29d. DATE 8	AGNED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	FTONDA L	PRGO MI	20	772				
	AUG 0 8 1994	JUNE HOUSE	GNATURE SOME PARTIES								

FOR

1 - STATE REGISTRAR		C	ERTIF	ICAT	E OF	DEAT	ГН		REG. N	D.		
1. DECEOEHT'S NAME (First, Middle, Last)				-					E OF DEATH	DAY	. veve	3. TIME OF DEATH
Gladys P. House	<u> </u>							Augu	ist 6	DAY 199	4 TEAH	1:45 A. M
4. SOCIAL SECURITY HUMBER	5. SEX	6. AGE (In yrs. I		IF UNDI	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE (Mon	OF BIRTH	1899	8. BIRTH Country	PLACE (State or Foreign
338-40-2454	1 M 2 X F	94	YRS.					Sept	ember	29	Miss	souri
90. FACILITY NAME (If not institution, give Fernwood House	street and number)			96. CIT	Beth			EATH			OD to	
RESIDENCE OF DECEDENT					Decin	esua				In In	onego	omery
10e. STATE 10b. COUHT	ГУ		10c. CIT	Y, TOWN	OR LOCATI	ION						10d. IHSIDE CITY
Maryland Mo	ontgomery			Beth	resda							LIMITS?
10e. STREET AND HUMBER				_	101.	ZIP CODE						HAT COUNTRY?
6530 Democracy I	Boulevard					208	17			U	.S.A	
11. MARITAL STATUS	12. WAS DECEDEN			13					N? (Specify Y	ea or Ho-	14. RACE	- American Indian,
1 Never Married 2 Married FORCES? 1 YES 2 X HO If yes, specify Cuban, Maxican, Puarto Rican, etc.) Specify: Wh Specify: Wh												
												MILLE
15. DECEDENT'S EDI (Specify only highest grad			Give kind of the Do NOT us	work done	e during mos	H st of workin	ng	16	b. KIND OF B	JSIHESS/INI	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +	-}	House		•				Ota	n Hom	٥	
17. FATHER'S NAME (First, Middle, Last)	4		nouse	WIIE	=	44 14071	AEDIO NA	105 (5)-1	Middle, Malde			
William Penning	ton						rgar			n Sumame)		
19a. IHFORMAHT'S NAME (Type/Print)	LOII	- 13	ISIN MAIL ING	ADDRES	SS (Street or				iber, City or To	Dinto 7/	- Cordol	
Margaret H. Heds	765											1 20815
20a. METHOD OF DISPOSITION			E AHD DATE					OA-		OCATION -		
1 Donation 5 Other Specify)	noval from Stata	cemetery, c	remetory or o	ther place	9)		* 77	1				, Virginia
21, SIGNATURE OF FUNERAL SERVICE LI	CEASEE //	1 HOUR	3	22	. HAME AH	D ADDRES	SS OF FA	CILITY				
Joseph Gawler's Sons, Inc. 5130 Wisconsin												
	July In	non		A	venue	, N.	W.,	Wash	ingto	n, D.	C. 20	0016
23. PART i. Enter the diseases, of	complications that	t caused tha d	leath. Do r	Av	venue er tha mod	, N.	W.,	Wash	ningto	n, D.	C. 20	Approximate
23. PART i. Enter the diseases, or ahock, or heart failure.	complications that	t caused tha d	ieath. Do r	Avnot ente	venue er tha mod	, N.	W., ng, suc	Wash	ningto	n, D.	C. 20	
iMMEDIATE CAUSE (Final disease or condition	complications that List only one cau	t caused tha d	ie.	not ente	er tha mod	, N.	W., ing, suc	Wash	ningto	n, D.	C. 20	Approximate interval Between
immediate cause (Final	complications that List only one cau a. Cerebr	t caused tha dise on each lin	ar Ac	cide	er tha mod	, N.	W.,	Wast	ningto	n, D.	C. 20	Approximate interval Between Onset and Death
immediate Cause (Final disease or condition resulting in death)	complications that List only one cau a. Cerebro oue TO b. Arteri	t caused tha cose on each lin OVASCUI (OR AS A COMS) OSCIETO	ar Ac EQUENCE O	cide	er tha mod	, N.	W.,	Wast	ningto	n, D.	C. 20	Approximate interval Between Onset and Death
immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	complications that List only one cau a. Cerebro oue TO b. Arteri	t caused that dise on each line OVASCUI (OR AS A COHS	ar Ac EQUENCE O	cide	er tha mod	, N.	W.,	Wash	ningto	n, D.	C. 20	Approximate interval Between Onset and Death 2 Days
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	a. Cerebrous to Arterious to Due to c.	t caused that cause on each line OVASCUI (OR AS A COHSI (OR AS A COHSI	ar Ac EQUENCE O SIS EQUENCE O	cide F):	er tha mod	, N.	W.,	Wash	ningto	n, D.	C. 20	Approximate interval Between Onset and Death 2 Days
anock, or heart failure. iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Cerebrous to Arterious to Due to c.	t caused tha cose on each lin OVASCUI (OR AS A COMS) OSCIETO	ar Ac EQUENCE O SIS EQUENCE O	cide F):	er tha mod	, N.	W.,	Wash	ningto	n, D.	C. 20	Approximate interval Between Onset and Death 2 Days
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TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. OATE FILEO (Month, Day, Year)
AUG 0 9 1994

32 MEGISTHAN'S SIGNATURE Sundalla

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ft. Pages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

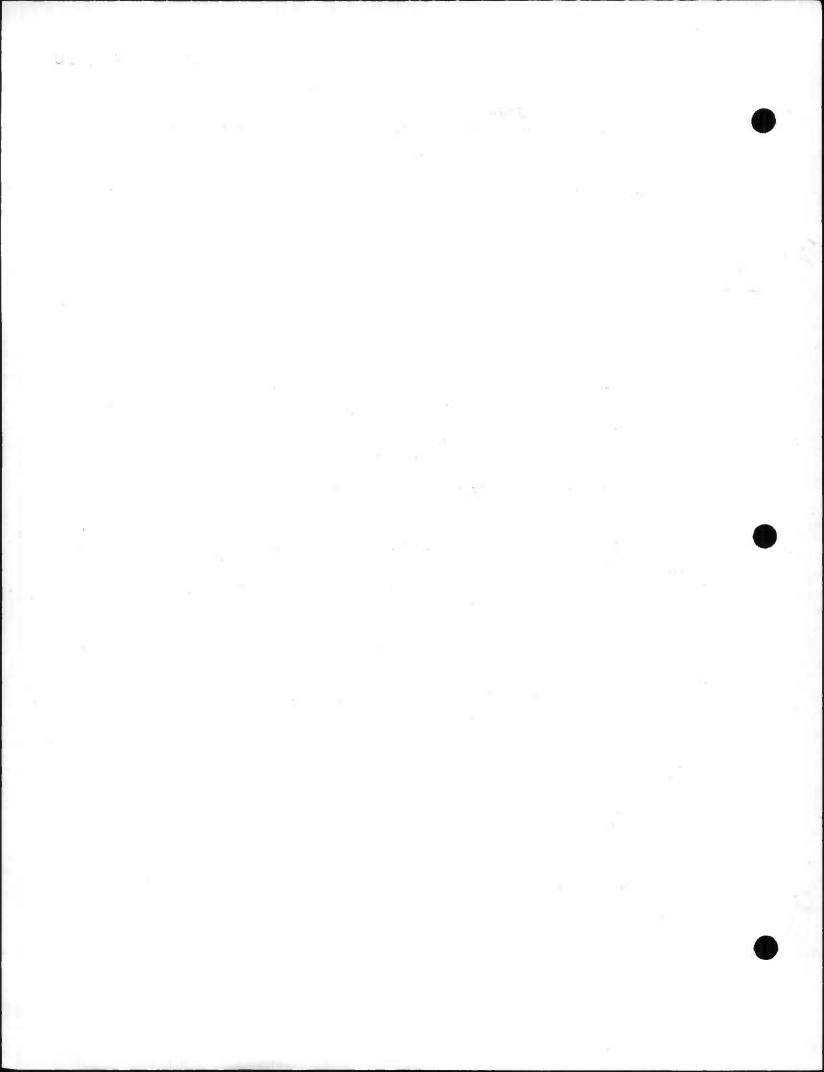
		REGISTRAR		CE	RTIFIC	ATE OF	DEATH	REC	a. NO.						
		1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY VEAR 3. TIME OF DEATH													
				(In yrs. last t			green nav		0 3						
1		214-70-1178	X M 2 □ F	38		UNDER t YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day,) NOV . 6,	rbar)		BIRTHPLACE (State or Foreign Country) ashington, D				
ME	~	9e. FACILITY NAME (If not institution, give street	t and number)		96		OR LOCATION OF DI	EATH		9c. COUNT	Y OF DEATH				
5	DIRECTOR	Suburban Hospital				В-	ethesda			Mon	ntgomery				
>	E	10c. CITY, TOWN OR LOCATION 10d. INSIG													
BY		Maryland Mo	ontgomery				ensingto	n	1 YES 2 NO						
9	FUNERAL	10208 Oldfield Dri	.ve			101	ZIP CODE 2089	5	ed States						
EMS!	λB	11. MARITAL STATUS 1 X Never Merried 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	ED	If yea, sp	ENDENT OF HISPAI ecify Cuban, Maxica 2X NO Specif	in, Puarto Ricen, e		No- 14	6. RACE — American Indian, Black, Whita, etc. Specify: White				
বা	ED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TON moleted)	16e. DECE	EDENT'S USU	JAL OCCUPATION	ON set of working	16b. KIND	OF BUSIN	IESS/INDUS	STRY				
RE	COMPLETED		College (1-4 or 5+)	life. D	lo NOT use re	tired.) Contra			Reno	vatic	on				
at once.	ON	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, I	Maiden Su	mame)					
19	BE C	Harry J. Huniak					Jennie	C. Mascl	hi						
tiffe	0	19e. INFORMANT'S NAME (Type/Print)					and Number or Rural								
e 10	-	H. Anthony Huniak		10	208 0	ldfiel	d Drive,	Kensin	gton	, Mar	yland 20895				
nust t		20s. METHOD OF DISPOSITION 1 \(\text{D Burdal 2} \) Cremetion 3 \(\text{Ramoval from State} \) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) 4 \(\text{D onetion 5} \) Other (Specify) 4 \(\text{D onetion 5} \) Other (Specify)													
Jer 1			21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc., 7557												
or other traumatic event, the medical examiner must be notified		Gate of Heaven Cemetery 8/12/94 Silver Spring, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE WILL EBourn M00672 M00672 SIGNATURE OF FUNERAL SERVICE LICENSEE Wisconsin Avenue, Bethesda, Maryland 20814-													
dicai		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest,													
E III		shock, or heart fallura. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Daath													
Ţ.		disease or condition a. ASPIRATION OF BLOOD DUE TO (OR AS A CONSEQUENCE OF):													
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ther	Ĕ	CAUSE (Disease or injury that Initiated events	DUE TO (OR AS A	CONSEOU	ENCE OF):										
0.	CERTIFICATION	resulting in death) LAST													
any injury,	디디	PART ii. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
n in	DICAL	1. AIDS - TERM							ERFORM	ED?	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS				
W 20	ши	2 SEVERE DEHY	INCA TION						YES 2	(NO	OF DEATH?				
shows	Σ	3-ChRONIC DIA					ESUPHANI	1/2			1 YES 2 NO				
n 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL	IKNACA		PIVE	EVMON.	ACE OF DEATH (Ch	eck only one)							
T Item	Sic		OSPITAL:	entient 3		THER:	e 5 🗆 Reeldence		(v)						
d, 01	РНУ	27. MANNER OF DEATH	28e. DATE OF INJURY		28b. TIME OF	28c. INJ	URY AT	28d. DESCRIBE	-	URY OCCUP	RED				
marked,	> 1	1 Natural 5 Pending	(Month, Day, Year)		INJURY		PRK? YES 2 NO								
28 is m	ED B	2 Accident Investigation 3 Suicida 8 Could not be datermined 28a. PLACE OF INJURY — At home, farm, streat, factory, office 28f. LOCATION (Street and Number or Rural Find City or Town, State)													
Hem	E I	29e. CERTIFIER				-			0.500						
=	COMP		N: To the beat of my know. On the basis of examination								Ceuse(e) end manner es stated				
E	Ŭ	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUI	MBER	2	9d. DATE S	BIGNED (Month, Day, Year)				
IMPORTANT:	OB	DDM MD.						941		D 8	.7.94				
-	۲	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DE	ATH (ITEM	27) (Type, Prir	it)		7 1 1		-					
		SVITE 401 50 W	P. Mathur,	D.R		ROCKVI	LLE M	0 2005	2_						
		31. DATE FILED (Month, Day, Year)	32. MEGISTRAB'S SIGN.	ATURE											
- 1	- 10	AUG 1 0 1994	Juna vauldso	w-Nay	WELL -										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death, Page 6 may be retained by the nonplant or stranding physician and completely filled in by the funeral director, page 5 should be detected in use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at unce. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-00

DHMH-16 Rev 1/89

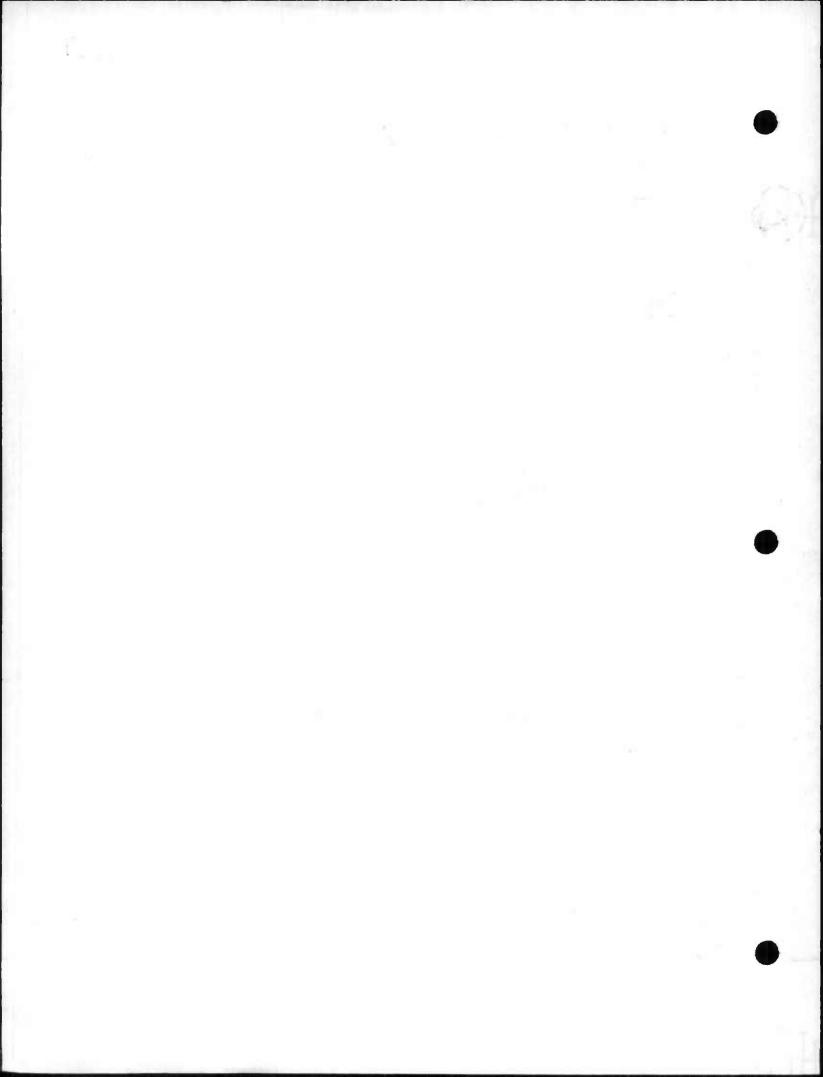


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-ser-hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use at the funeral be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
THE HOSPITAL OR ATTENDING THE FUNERAL DIRECTOR: After filed within 72 hours after death PORTANT: If Item 28 Is ma	

DUE TO (OR AS A CONSEDUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CON	
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15. DECEDENT'S EDUCATION (Speedly only highest grade completed) 16. KIND OF BUSINESS/INDUSTRY 12. Coffsee (1-4 or 5+) 12. Coffsee (1-4 or 5+) 12. Home Manager 16. Mother's Name (First, Middle, Last) 17. FATHER'S NAME (First, Middle, Last) 18. INFORMANT'S NAME (First, Middle, Last) 19. INFORMANT'S NAME (First, Middle, Last) 19. INFORMANT'S NAME (First, Middle, Last) 19. INFORMANT'S NAME (First, Middle, Maiden Surrame) Margaret George 19. INFORMANT'S NAME (First, Middle, Last) 19. INFORMANT'S NAME (First, Middle, Maiden Surrame) Margaret Heaney Green 20. INFORMANT'S NAME (First, Middle, Last) 19. INFORMANT'S NAME (First, Middle, Maiden Surrame) Margaret Heaney Green 20. INFORMANT'S NAME (First, Middle, Maiden Surrame) Margaret Heaney Green 20. INFORMANT'S NAME (First, Middle, Maiden Surrame) Margaret George 19. MAILING ADDRESS (Street and Number or Rural Route Number of Route) Margaret George 19. MAILING ADDRESS (Street and Number or Rural Route Number of Route) Margaret George 19. MAILING ADDRESS (Street and Number or Rural Route Number of Rural Route Rural Route Number of Rural Route Rural Route Number of Rural Route Rural Route Ru	Hen,
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James Clark 19a. INFORMANT'S NAME (Type/Print) 19a. MAILING ADDRESS (Street and Number or Pairal Route Number, City or Town, Stete, Zip Code)	
19b. MALING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) Margaret Heaney Greene 20b. METHOD OF DISPOSITION 1	
20s. METHOD OF DISPOSITION 1 Burlei 2½ (Gremation 3 Ramoval from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY. RAPP FUNERAL SERVICES, P.A. 23. PART I. Enter the diseases, or complications that ceded the deeth. Do not enter the mode of dying, such as cardiac or reepiratory errest, ehock, or heart fellure. List only one cause on aach lina. 10. PLACE AND DATE OF SPOSITION (Name of camelary, crematory or other place) SUDURDAN CREMATORY OF TOWN, State camelary, crematory or other place) SUDURDAN CREMATORY OF TOWN, State camelary, crematory or other place) SUDURDAN CREMATORY OF TOWN, State camelary, crematory or other place) SUDURDAN CREMATORY OF TOWN, State camelary, crematory or other place) SUDURDAN CREMATORY OF TOWN, State camelary, crematory or other place) Suburban Crematory 8-11 Silver Spring, Mary 22. NAME AND ADDRESS OF FACILITY. RAPP FUNERAL SERVICES, P.A. 933 Gist Ave., Silver Spring, MD 209 23. PART I. Enter the diseases, or complications that ceded the deeth. Do not enter the mode of dying, such as cardiac or reepiratory errest, interval Onset of the place of the pl	
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21. SIGNATURE OF FUNERAL SERVICES, P.A. PLUS SILVER Spring, MD 209 23. PART I. Enter the diseases, or complications that ceded the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, interval onset of disease or condition resulting in death) DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF):	
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DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL 25. WAS CASE REFERRED TO MEDICAL 26. BLACE DE DEATH (Charle only one)	NO
25. WAS CASE HEFERHED TO MEDICAL 28 DI ACE DE DEATH (Chart only oral)	
EXAMINER? HOSPITAL: OTHER	
1 VES 2 NO 1 Inpetiant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Nother (Specify) Daughter's Home 27. MANNER OF DEATH 288. DATE OF INJURY	
1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO	
3 Suicide 4 Homicide 8 Could not be detarmined 28a. PLACE DF INJURY At home, term, etraet, factory, office City or Town, State) 28b. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29a. CERTIFIER (Check offy) One) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as	
29a. CERTIFIER (Check only 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.	
one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner a	
296. SIGNATURE AND TITLE DF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER	stated.
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	")
Daniel V. Young, MD 4910 Mass. Ave., NW #312 Washington, D.C. 20016	")
31. DATE FILED (MONTH, Day, YOUR) AUG 1 2 1994 July Davidson Aandele	")

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	OSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with
/ISION	ATTENDING
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_	DSPITAL

	Г		1. DECEDENT'S NAME (First	, Middle, Last)		-0.0720=		IOAI		DLA		2. DATE OF	OEATH		1 3	TIME OF GEATH
			VIRGINIA	RUTH	HAMN	TERS	LF	V				MONTH	1 7×	3	YEAR T	10:23 AM
			4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yes.		IF UNDE	R 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF	BIRTH	7	8. BIRTHPL	ACE (State or Foreign
-		1	579-38-011	5	1 □ M 2 🏻 F	67	YRS.	MONTHS	DAYS	HOURS	MIN.	June 2	1, 1	927 W	est \	/irginia
Shoot			9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH											TY OF DEAT	гн	
		DIRECTOR	Suburban Ho		1				B	Bethe	sda			Mon	tgome	ery
7		E I	10a. STATE	10b. COUNTY	1		t0c. Cl	TY, TOWN	OR LOCA	TION					10	od. INSIGE CITY
		늅	Maryland	1	Montgome	ontgomery					Rockville					LIMITS?
A list		FUNERAL	100. STREET AND NUMBER 11407 Ashle	ey Dri	ve				10	H. ZIP COD	0852				ed St	ates
Siciali rial-tra		5	It. MARITAL STATUS	745-5	12. WAS DECEDEN	T EVER IN U.S.		13.	WAS DE	CENDENT	OF HISPAN	NIC ORIGIN? (S	pecify Yes	or No-	14. RACE —	American Indian, Vhite, atc.
1215-0020 stranging physicial. use as the burial-transit		à l	1 Never Merried 2 🔀 3 Widowed 4 Divo	erced	IF YES, GIVE V	MAR OR DATES	<u></u>			S 2 X NO		n, Puerto Rica	n, mc.j		Specify:	
121 r atte			15. DEC (Specify onl	CATION completed)	16a.	DECEDENT'S	work done	during me		ing	16b. KII	NO OF BUS	INESS/INDU	STRY		
the hospital or detached for u	65	COMPLET	Elementery/Secondary (0		College (1-4 or 5	+)	HO	mema					Owi	n Hom	е	
2 2 3	न्त	BE CO	Orval Ray (Cawley								Me (First, Midd Mae Ta		Surname)		
MA retain 5 sho		2	Ernest Stev		ammersley	7						Route Number, (10852
ALTIMORE, death. Page 6 may be funeral director, page	must			on 3 🗆 Remo		20b.PLAC cometery. Park	CEAND DATE Crematory or Lawn	Memo	rial	Dar	k 8/:	DATE 1/94	Pool	eation — c kvill	O M-	weed and
ALTIMOR death. Page 6 ma funeral director, p	examiner		21. SIGNATURE OF FUNERA	1 Burlet 2 Cremetton 3 Removal trom State Commettery, crematory or other place) Park I awn Memorial Park 8/1/94 Rockville, Maryland												
y the		\dashv	23. PART I. Enter the d	Iseases or o	complications the	t caused the	deeth Do									
nour ely filled in	event, the medical		23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reepiratory strest, shock, or heart feilure. List only one ceuse on eech line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):													
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O be be sician	2	CATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants OUE TO (OR AS A CONSEQUENCE OF):													
DS, P.O. B he death certificat the attending phy	6	CERTIFI	resulting in daeth) LAST													
RDS at the d	any injury,		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMILABLE PRIOR TO													
0 = 24	any	DICAL											YES 2		CC	OMPLETION OF CAUSE DEATH?
REC requires been signi	hows	M													1	YES 2 NO
	item 23 sho	Y V	DID TOBACCO		CONTRIBUTI	E TO CA	USE O	F DEA	_							
F = € ;	ite ite	SICI	EXAMINER?	O MEDICAL	HOSPITAL:	ER/Outpatient	3 □ DOA	OTHE	R:			eck only one)	39.			
T % 8	0	⋛∥	27. MANNER OF DEATH		26e. DATE OF (Month, D	INJURY	28b. TII		26c. IN.	JURY AT	esidence	8 Other (Sp 28d. DESCRI	-	JURY OCCU	JRED	
ON OP DING PHYS		ВУР		Pending Investigation	(MOINI), D	Auy, reary		M		YES 2	_ NO					
ISI TEN TEN TEN	28 is	ETED		Could not be datermined	28e. PLACE C building,	OF INJURY — AI atc. (Specify)	home, farm,	street, tac	ctory, offic	ce		26t. LOCATIO City or R	ON (Street el own, State)	nd Number o	r Rural Rout	e Number,
Z Z Z	2 2	OMPLE			CIAN: To the beet of R: On the basis of e											nd menner se stated.
	RTANT	Ö	29b. SIGNATURE AND TITLE	OF CERTIFIER	3				_	29c. LIC	ENSE NUM	MBER		29d. DATE	SIGNED (M	onth, Day, Yeer)
200	<u>8</u> 2		0	2	2-	W-6	>			Do	58	240		12	12	28 94
		-	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETEO CAU	SE OF DEATH (I							-			, holi
			31. DATE FILED (Month, Day.	Year)		AR'S SIGNATURE	51,	8 0	١	S- C	due	(N)	مدن		150	Mada
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FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

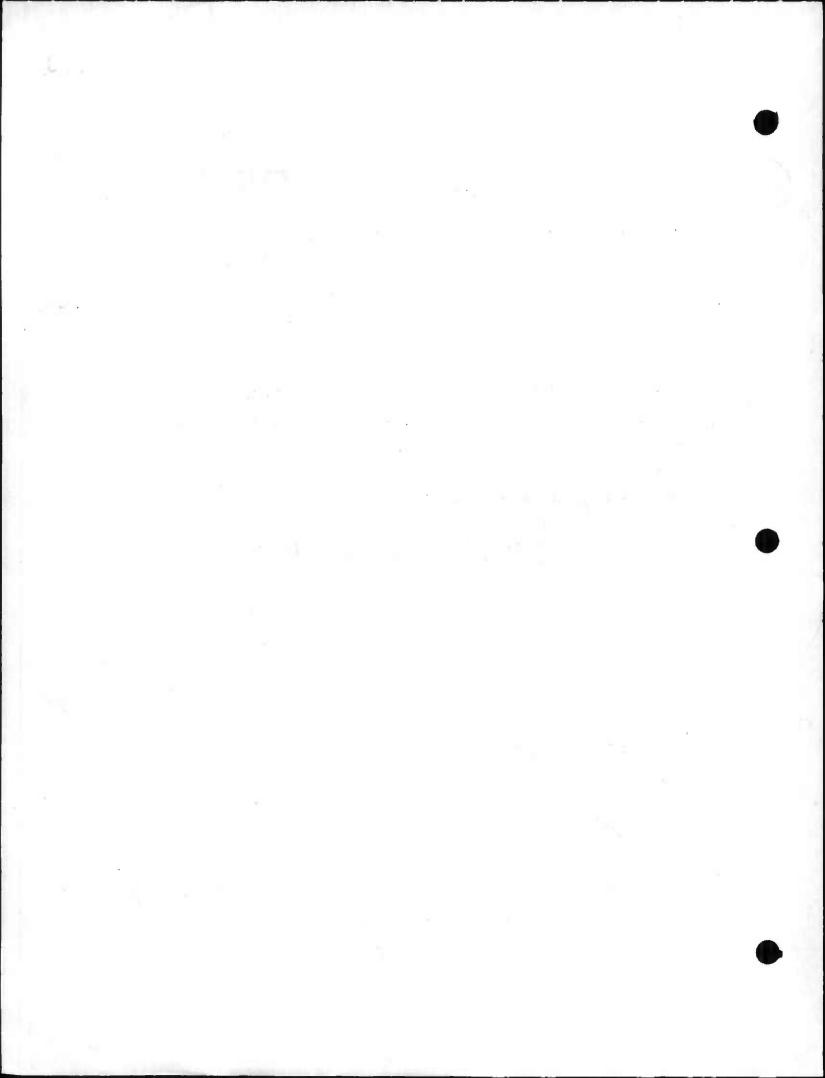
	REGISTRAR	CERTIF	CATE OF	DEATH	R	EG. NO.														
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF	DEATH	YEAR	3. TIME OF DEATH												
	Bertha V.	Hall			Aug.		994	1905 "												
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AC	GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	BIRTH	8. BIRTI	HPLACE (State or Foreign												
	215-26-3697 1 D M 2 X F	96 YRS.	MONTHS DAYS	HOURS MIN.	Mar.	3, 1	898 N.	Carolina												
•	9e. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOWN	OR LOCATION OF E			9c. COUNTY OF E													
8	Atlantic General Hospit	al	Be	rlin			Worche	eter												
Ď l	RESIDENCE OF DECEDENT						HOLOHO	3 CCI												
DIRECTOR	10e. STATE 10b. COUNTY		r, TOWN OR LOCAT					10d. INSIDE CITY LIMITS?												
	Maryland Wicomico		<u>Salisb</u>					1 X YES 2 NO												
₹	10e. STREET AND NUMBER		10	, ZIP CODE	10g. CITIZEN OF	WHAT COUNTRY?														
FUNERAL	29330 Naylor Mill Road				1801			.A.												
E	11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS DECEDENT EVE FORCES? 1 Y			ENDENT OF HISPA			r No- 14. RACI Binc	E — American Indian, ik, White, etc.												
BY	IF YES, GIVE WAR OF			2 X NO Spec		.,,		** Black												
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 6 th 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOUSEWIFE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)																				
												M	17. FATHER'S NAME (First, Middle, Last)	по	usewil	18. MOTHER'S N	AME (Flore Address	G Malain O		
												ŏ	Benjamin Frederick						,	
BE		19b. MAILING	ADDRESS (Street o	and Number or Rural	garet	MOLL Officer Town	State Zin Codes													
2	190. INFORMANT'S NAME (Type/Print) (Daughter) F. Victoria Hutt-Scott							MD 21801												
	20e. METHOO OF DISPOSITION	20b. PLACE AND DATE O					ATION — City or To													
-	M☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	Consolary, cromaters or of	n ceme	tery	8/8	Lau	rel, M	D												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1921		ND ADDRESS OF F	ACILITY															
	to the place	1	SNO	OWDEN F	UNERA			Α.												
-	23. PART I. Enter the digeases, or complications that cau			CKVILLE		208														
	ahock, pr haart failure. List pnly pne cause o	n each lina.	ot emar tha mo	da or dying, su	ch as cardiac	Dr reapira	itory arrest,	Approximate interval Batween												
	IMMEDIATE CAUSE (Fins) disease pr condition	-	11-					Onset and Death												
ļ	disease pr condition resulting in death) Dul to long a A CONSEQUENCE OF: J																			
	DOW TO (OH THE A CONSEQUENCE OF):																			
CERTIFICATION	Sequentially list conditions, if say leading to immediate																			
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임	CAUSE (Disease or Injury that Initiated events DUE TO (OR A	S A CONSEQUENCE OF	7):					_												
	resulting in dasth) LAST																			
	a.																			
EDICAL	PART II. Other algnificant conditions contributing to deat	h but not reaulting i	n tha underlyin	g cause given in	n Part I. 24	PERFORM		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO												
8					1	YES 2	616	COMPLETION OF CAUSE OF DEATH?												
ME								1 TYES 2 THO												
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PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. P	LACE OF DEATH (C	theck only one)															
YS	1 YES 2 DATO 1 Propertient 2 ER/C		4 - Nursing Hon	na 5 🗆 Reeldence	6 Other (Sp	pecify)														
	27. MANNER OF OEATH 28e. DATE OF INJUI (Month, Day, Yes		URY WO	DRK?	28d. DEŞCRI	BE HOW INJ	JURY OCCURED													
B⊀	2 Accident Investigation			YES 2 NO																
8	3 Suicide 6 Could not be 28e. PLACE OF INJI building, atc. (3	URY — At home, ferm, a Specify)	streel, factory, offic	•	281. LOCATIO	ON (Street end own, State)	d Number or Rural	Route Number,												
E																				
릴	Check only 1 CERTIFYING PHYSICIAN: To the best of my ki																			
COMPLET	one) 2 MEDICAL EXAMINER: On the basis of examina	ation end/or investigation	n, in my opinion, o	leath occured at th	e time, date end	piace, end	due to the ceuse(e) end menner ee stated.												
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	1	10	29c. LICENSE NU	MBER		29d. DATE BIGHER	(Month Con Mar)												
D B	Deal Deal	N		143.	561		N 8/	474												
F	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF																			
		33 Health		., Ber	lin,	MD 2.	1811	Ø												
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S S	ignature Adson-Randel	0				V													
	AUG 0 9 1994 Julia Dau	rason-Mandel	ما																	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within to the float state death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020**

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flow steer death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

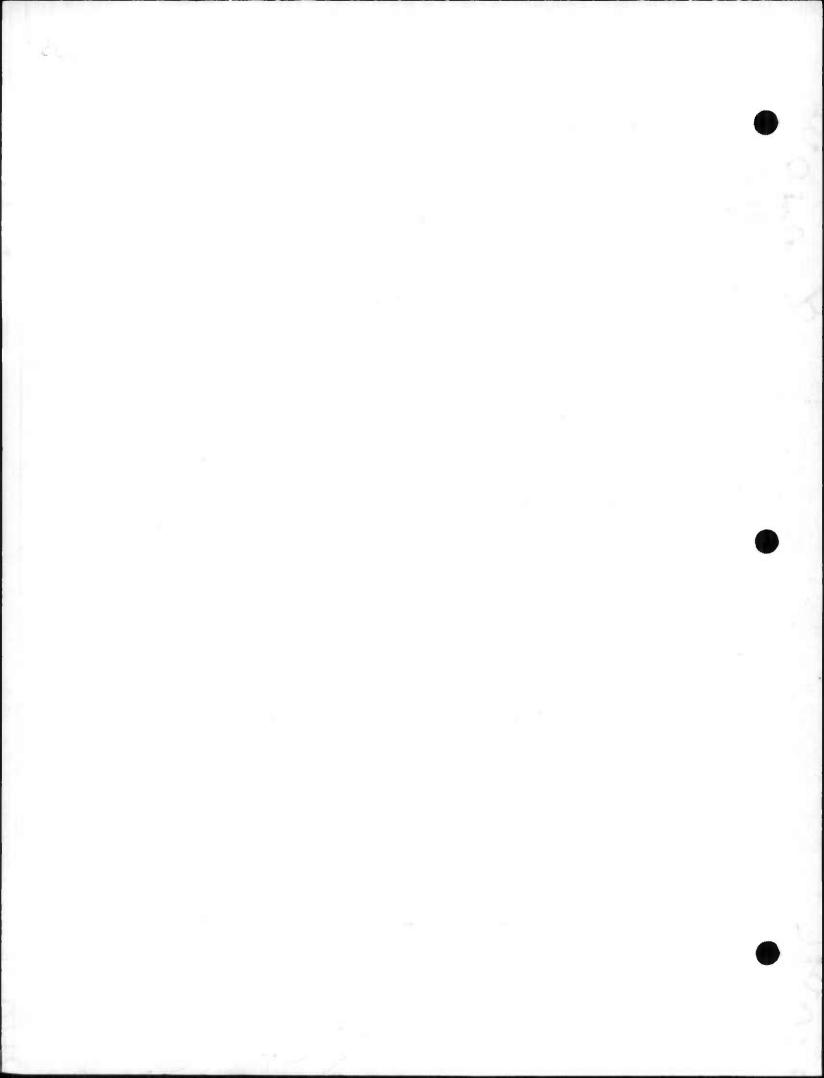
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Uleased by medical yamies DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG	G. NO.					
		rouni				2. DATE OF DE	ATHY BY 6	3. TIME OF DEATH 2:56 AM				
	579-04-2526	1 ⊠ M 2 □ F 61				7. DATE OF BIF (Month, Day,	1933	8. BIRTHPLACE (State or Foreign Country) Iran				
DIRECTOR	90. FACILITY NAME (If not institution, give street Suburban Hospital RESIDENCE OF DECEDENT	et and number)	9	Bethes	da	TH	9c. COUNTY OF DEATH Montgomery					
JIREC	Maryland Bethesda Montgor			TOWN OR LOCAT	ION		10d. INSIDE CITY LIMITS?					
	Bethesda Montgor	шегу	Bethe		ZIP CODE		10a CIT	1 YES 2 XNO				
FUNERAL	6021 Grosvenor Land	E			20814		USA					
BY FU	1 Never Merried 2 K Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2XX10	If yes, sp	ENDENT OF HISPANIC Incity Cuben, Maxicon, 2 NO Specify:	C ORIGIN? (Spe . Puerto Rican, i	cify Yes or No— etc.)	14. RACE — American Indian, Black, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION mpleted)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use r	WAL OCCUPATION MO	ON st of working	16b. KIND	OF BUSINESS/INC					
APLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Flight Co			Air	line					
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle,	Maiden Surneme)					
BE	Abdol Nabi Harouni				Shamsi S							
2	19e. INFORMANT'S NAME (Type/Print)				nd Number or Rural Ro							
	Arasteh Harouni 200. METHOD OF DISPOSITION	1			or Lane		sda, MD					
	1 X Buriel 2 Crimetion 3 Removi	al from 10 cem	PLACE AND DATE OF letery, cremetory or other idean Memo	orial G	ardens	8/8 Olney, MD.						
	21. SIGNATURY OF FUNERAL SEBURCE LIFER			22. NAME AF	nsky-Gold	LITY						
	Takuen	Juse		1170	Rockville	Pike	Rockvi	11e, MD. 20852				
23. PART . Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, ehock, or heart miliure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Finel												
	disease or condition resulting in desth) a. Caldia Plelluandery and Dest											
ATION	Sequentistly list conditions, If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury C.											
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST											
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s, WAS AN AUTOPSY PINDINGS											
MEDICAL						l f	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF I	DEATH Y	ES NO			1 TYES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Chec	ck only one)						
YSI	1 25 YES 2 NO 1	☐ Inpatient 2 X ER/Outp		THER:	e 5 🗆 Residence 6	Other (Spec	ify)					
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME (Y WO	URY AT RK? /ES 2 NO	28d. DESCRIBE	HOW INJURY OC	CURED				
0	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At homa, farm, atre	et, fectory, offic		261. LOCATION City or Town		r or Rural Route Number,				
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA EXAMINER:							nted. he cause(s) and menner se stated.				
BE	296, SIGNATURE AND TITLE OF CERTIFIER	Duller	n d	w	29c. LICENSE NUME	170	TE SIGNED (Month, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON WHO											
	Gita C. Bakshi MD	9406 Old G	ATHOE	Rd.	Bethesda,	MD. 20	0814					
	AUG 0 8 1994	Julia Dandos	n-Acndelle									



			1 - FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTAL HYG					
		37	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEA	ТН	3.	TIME OF DEATH		
			WILLIAM JOSEPH	JENK	INS SR			AUGUST		YEAR	22:04 PM		
	<u> </u>	3	4. SOCIAL SECURITY NUMBER 578–14–6518	1 X M 2 🗆 F	E (In yrs. last birthday) 74 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye 12-22-1	iar)	Country)	ACE (State or Foreign		
	Should	œ	9e. FACILITY NAME (If not institution, give				OR LOCATION OF DE		9c. COUNT		тн		
	64	СТОВ	CALVERT MEMORIAL	HOSPITAL		PRINCE	FREDERIC	ICK CALVERT					
	TO	DIME	MD 10b. COUN	Calvert		orth Bea		*			INSIDE CITY LIMITS? YES 2 NO		
	(4)	ERAL	9113 Dayton Av	<i>7</i> e		10	of ZIP CODE	714	10g. CITIZE		T COUNTRY?		
	MARYLAND 21215-0020 retained by the hospital or attending physical 5 should be detached for use as the burlation notified at once.	BY FUNER	1t. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR WWII	S 2 NO	If yes, s	CENDENT OF HISPAT pecify Cuban, Mexica S 2 NO Specifi	Black, W Specify:	American Indian, white, atc.				
	or attend	ETED	15. DECEDENT'S ED (Specify only highest grant property (Secondary (0-12)	UCATION		S USUAL OCCUPAT work done during muse retired.)		16b. KIND O	WIII CC				
	Spital Spital	뒫	12	Conege (1-4 or 5+)	Claim	Agent		Rail	road				
	AN the hos detach	COMPL	17. FATHER'S NAME (First, Middle, Last)			YI	18. MOTHER'S NA	ME (First, Middle, M					
	RYL ed by uld be	BE	Augustus Nelsor 190. INFORMANT'S NAME (Type/Print)	<u>Jenkins</u>			Marth				aves		
	MAR retained 5 should notified	임		Ruth Jenkins		as # 10	and Number or Rural	Route Number, City of	or Town, State, Zip C	ode)			
	AE, page		20s. METHOD OF DISPOSITION	20	06. PLACE AND DATE			OATE 20	c. LOCATION — CI	y or Town	State		
	AOR pe 6 may rector, p		1 Buriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)		emetery, crematory or Cedar Hi	11 Cemet	ery 8-1	8+94 S	uitland,	MD)		
	BALTIMORE, urs after death. Page 6 may be in by the funeral director, page removal.		21. SIGNATURE OF FUNERAL SERVICE I	JICENSED R.			ano aconess of fa		P.A Ov	vinas	s. MD		
	nours tely filled in t mation, or red t, the medi		23. PART I. Enter the diseases, or abook, or hast failure IMMEDIATE CAUSE (Final disease or condition reaulting in death)	. List only one cause on	aach iina.	/.	ode of dying, suc				Approximate inferval Between Onset and Death		
	P.O. BOX 68 The certificate be exect anding physician and Hygiene prior to but or other traumatle	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	c	A CONSEQUENCE (2-3 monts		
	y and at A	A P	PART II. Other significant condition	ons contributing to death	buf not resulting	in the underlying	ng cause given in	PE	AS AN AUTOPSY ERFORMED?	AM	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?		
	OF VITAL RECOR PHYSICIAN: The law requires that this certificate has been signed by with the State Dett. of Health an kted, or teem 23 shows any	MEDIC						_	, ,		□ YES 2 X NO		
	L law law bept bept 23	PHYSICIAN:	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO	CAUSE O								
	VITAL IAN: The law tificate has I e State Dept or Item 23	SCI	EXAMINER?	HOSPITAL:	ilpatient 3 🗆 DOA	OTHER:	PLACE OF DEATH (Ch						
	OF V PHYSICIA This certif with the	Ή	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	7 28b. TII	ME OF 28c. IN	me 5 - Residence		OW INJURY OCCU	RED			
	ON OF OING PHYS After this death with s marked,	ВУР	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO						
	ISIC TTENDI TOR: A after da	유	3 Suicide 8 Could not b 4 Homicide determined	28a. PLACE OF INJUR building, atc. (Sp	RY — At home, farm, pecify)	street, factory, offi	Ica	28f. LOCATION (S City or Town,	itreet and Number or State)	Rural Roul	e Number,		
	로 로 로 드	COMPLET	one1	SICIAN: To the best of my known NER: On the basis of axaminat							nd manner se stated.		
12	TO THE HOSPIT TO THE FUNER be filed within IMPORTANT:	BE	296. SIGNATURE AND TITLE OF CERTIF	1 /	Jums	n	29c. LICENSE NUI		29d. DATE 5	IGNEO (M	onth, Day, Year)		
14	1	2	30. NAME AND ADDRESS OF PERSON V				S 1 - 1		<u> </u>	• /			
. 1			ZAHIR YOUSAF, M. 31. DATE FILEO (Morith, Day, Year)			EDERICK,	MD 20678	3					
			AUG 1 7 1994	12. REGISTRAN'S SIG	w Rardall								

FOR

TO BE COMPLETED BY FUNERAL DIR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE	OF	DEA	TH		REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF				3. TIME OF DEATH
Tina Beulah	James								Jerry	28 199	74	YEAR	5:30 a M
4. SOCIAL SECURITY NUME	ER	5. SEX	8. AGE (In)	rs. last birthday)	IF UNDER	1 YEAR	IF UNDER	1 24 HRS.	7. DATE OF			6. BIRTI	HPLACE (State or Foreign
213-74-9166		1 M 2 K F	92	YRS.	MONTHS	DAYS	HOURS	MIN.	120024			Countr Md.	(γ)
9a. FACILITY NAME (If not in	stitution, give s	street and number)			9b, CITY	TOWN (R LOCATI	ON OF D	EATH		9c. COI	UNTY OF D	DEATH
Garrett Co. 1	Mom Ho	enital			0ak1			0.1 0. 0	L-A111		Garr		EATH.
RESIDENCE OF DEC		Spicar			Cuici								
10a. STATE	10b. COUNT			10c, CIT	Y, TOWN C	R LOCAT	ION						10d, INSIDE CITY
Md	Garret	t		Kit	zmill	er							LIMITS?
10e. STREET AND NUMBER						101	. ZIP COD	F			100 CIT	TIZEN OF Y	WHAT COUNTRY?
E. Main St.						1	21538						WINAI COOKINIT
11. MARITAL STATUS	-	12. WAS DECEDENT	EVED IN II	S ADMED	12	WAR DEC					USA	7	
1 Never Married 2	Married	FORCES? 1	YES	2 X NO	- 3	If yes, sp	ecify Cube	ın, Mexico	NIC ORIGIN? (S	specity tea in, etc.)	or No-	Black	E — American Indian, k, White, atc.
3 🔀 Widowed 4 🗌 Divo	rced	IF YES, GIVE WA	R OR DATE	S		YES	2 [X NO	Specif	γ·			M377F	AG:
15. DEC	EDENT'S EDU	CATION	10	Sa. DECEDENT'S	USUAL O	CCLIPATIO	NM.		T 16h KI	ND OF BUS	INECC (IN	DUSTRY	
(Specify only	r highest grade	completed)		(Give kind of a	work done	during mo	st of working	ng	100. 10	ND OF BOS	MESS/IN	DUSTRY	
Elementary Secondary (0	-12)	College (1-4 or 5 +)		Housewife					Dom	estic			
17. FATHER'S NAME (First, M	iddia I and					_	40						
									ME (First, Mide Willia		Sumame)		
William Knott		-									-		
David A. Burd	A CONTRACTOR OF THE PARTY OF TH			PO Box					Route Number, 21538	City or Town	n, State, Zi	ip Code)	
			1					1,111	21930				
20e. METHOD OF DISPOSITE	n 3 🗆 Rem	oval from State		ACE AND DATE		ITION (Na	me of		DATE			- City or To	
4 Donation 5 Other			100	r cenete					-30-94	Elk	Garde	en W.V	a
21. SIGNATURE OF FUNERA	L SERVICE LIC	0	0				ID ADDRE						
· (Mad	V 4.	Dunda	-le						Funera				
23. PART I, Enter the di	seases, or o		/	ne death Do r					miller,				l Assessed
shock, or he	eart failure.	Liat only one caus	e Dn eacl	ine.	iot oritar	the mo	ua or uy	ing, suc	il es calule	or reap	acuty at	rest,	Approximate interval Between
iMMEDIATE CAUSE (Fin disease or condition													Onset and Death
reaulting in death)	→	. Cerebro				nt							24 hours
le .		DUE TO (OR AS A C	ONSEQUENCE O	F):								
Sequentially list conditi	ona.	Hypert	ensi	on									
if any, leading to immediates. Enter UNDERLY	diate	DUE TO (OR AS A CO	ONSEQUENCE OF	F):								
CAUSE (Disesse or inju		C											
that initiated events resulting in death) LAS	,	DOE 10 (JR AS A CO	ONSEQUENCE OF	F):								
i dodnij zno		d											
PART il. Other algnifica	nt condition	na contributing to o	leath but	npt resulting	n the un	derivin	cause (given in	Part i. 24	a. WAS AN	ALITOPSY	24h	. WERE AUTOPSY FINDINGS
										PERFOR	MED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
									1	YES 2	(ANO		OF DEATH?
									_				1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Ch	eck only one)				
1 NES 2 XND		1 X Inpatient 2 🗆		ent 3 🗆 DOA			e 5 □ Re	esidenca	6 Other (S	pecify)			
27. MANNER OF DEATH		26a. DATE OF II (Month, Day	NJURY (Year)	26b. TIM	E OF URY	28c. INJ WO	URY AT		28d. DESCR	IBE HOW II	JURY OC	CURED	
	Pending Investigation				M		/ES 2 [NO					
3 Suicide 6	Could not be	28a, PLACE OF building, e	INJURY — tc. (Specify)	At home, farm,	street, fact	ory, offic			26f. LOCATIO	ON (Street a fown, State)	nd Numbe	or Or Rural F	Route Number,
4 Homicide	detarmined								J., 07 1	, U.and)			
29a. CERTIFIER 1 X CERT	IFYING PHYSI	CIAN: To the best of n	v knowled	na. death occum	ed at the t	lme date	and place	and due	to the cause	e) and man		at and	
													a) and manner as stated.
29b. SIGNATURE AND FITLE										- F			
and stomming and life	J. J.	/						ENSE NUI			29d. DAT		(Month, Day, Year)
My 4	men	in	MD				D	2720	5			07/2	28/94
30. NAME AND ADDRESS OF Karl E. Sc		311 Nort				Oak	land	MD	21550				
					- • •	oak.	Land	, FID	21))(
31. DATE FILED (Month, Day.	Year)	32. DEGISTRAR	'S SIGNATU	B a T									
JUL 2	9 1994	Julia da	udsor	hartall									

Karl

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-18 Rev 1/89

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1	-	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICUS

	- STATE REGISTRAR	June of Manifestor		CATE OF		REG. NO.						
- 31	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
	LOUIE MAY JACK	SON	TTa	cK50.	11	Jany D	19.1994	2134 M				
			rrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BITTIH (Month, Day, Toar)	8. BIR	THPLACE (State or Foreign				
1	777_1X_U177	□ M 2 XF 63	YRS.	NONTHS DAYS	HOURS MIN.	AUG 5. 19	30	ELAWARE				
	9a. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOWN	R LOCATION OF DE		9c. COUNTY OF					
DIRECTOR	PENINSULA REGIONAL	MEDICAL CEN	ITER	SAL	ISBURY		WICON	1ICO				
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		100 0077	TOWN 00 1004	****		<u> </u>	T				
Ē.	DELAWARE SUSS	EY	10c, C111,	MITIT				10d. INSIDE CITY LIMITS?				
	104. STREET AND NUMBER			MILT		-		1 TES 2 NO				
FUNERAL	RD 2 BOX 165 A			101	. ZIP CODE 19968		10g. CITIZEN OF	WHAT COUNTRY?				
BY FUN	11. MARITAL STATUS 1	S. ARMED 2 //NO S	If yes, sp	ENDENT OF HISPAN ecify Cuban, Maxica 2 X X NO Specify	IIC ORIGIN? (Specify Yes n, Puarto Rican, etc.)	Bli	CE — American Indian, ack, White, atc.					
				1			ı	WILIC				
COMPLETED	15. OECEDENT'S EDUCATI (Specify only highest grade corr	DN pleted)	Give kind of wo life. Do NOT use	of done during me	ON at of working	16b. KIND OF BUS	SINESS/INOUSTRY					
<u>ا</u> ا	Elementary/Secondary (0-t2)	college (1-4 or 5+)					HOAC					
ž I	17. FATHER'S NAME (First, Middle, Last)		<u>HOMEMAK</u>	CK		ME (First, Middle, Maiden	HOME					
BE CC	JOHN R. HUDSON		35				IDSON					
10	19a. INFORMANT'S NAME (Type/Print) NORMAN C. JACKSON, SR 19b. MAILING AGORESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) RD 2 BOX 165 A, MILTON, DE 19968											
	20 METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Removal	20b. Pt	ACE AND DATE OF	DISPOSITION (Na	me of		CATION — City or	Town, Stata				
	4 Donation 6 Other (Specify)	HEN	LOPEN M	EMORIA!	PARK	8-3 11/	TON. DEL	AULARE				
	21. SIGNATURE OF FUNERAL SERVICE LICENS			22. NAME AL	D ADDRESS OF FA	CILITY	,	- 1 1 W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	· Man m	Short		SHUR	I FUNERAL	L SERVICES MILTON, DE	INC					
	23. PART I. Enter the diseases, or com	pilcetions thet caused the	he deeth. Do no	ot enter the mo	de of dylng, suc	h as cardiac or read	1996X	Approximate				
	shock, or heart fellure. List	only one cause on each	h line.	A GING! THE INC	ac or aying, sac	in se cardioc or reap	ratory arrest,	intervai Between				
	IMMEDIATE CAUSE (Finel disease or condition	C 1	. 1.					Onset and Death				
	resulting in death) a. Consenting Near toulum											
_	disease or condition resulting in death) a. Consent in heart failure DUE TO (OR(AS A CONSEQUENCE OF): Attraction for Conductors and Consequence OF): Due TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, If any leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
S	cause. Enter UNDERLYING											
Ĕ	CAUSE (Disease or Injury that initieted events DUE TO (OR AS A CONSEQUENCE OF):											
	resulting in death) LAST											
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PINDINGS											
DICAL	. Ottor agrinoant conditione c	sittibuting to death but	not resulting in	the underlyin	g cause given in	Part i. 24a. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
ă						1 YES 2	₩ NO	COMPLETION OF CAUSE OF DEATH?				
Σ								1 TES 2 NO				
žΙ												
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. PI	ACE OF DEATH (Ch	eck only one)						
XS.	1 YES 2 NO 1	Inpatient 2 - ER/Outpatie			e 5 🗆 Rasidenca	8 Other (Specify)						
PHYSICIAN: MEI	27. MANNER OF DEATH 1 Netural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	26b. TIME INJU		URY AT	26d. DESCRIBE HOW I	NJURY OCCURED					
B	1 Natural 5 Pending 2 Accident Investigation				rES 2 NO							
COMPLETED	3 Suicide 8 Could not be 4 Homicide / datarmined	28a, PLACE OF INJURY — building, atc. (Specify)	At home, ferm, st	reet, factory, offic		261. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
4	29a. CERTIFIER											
₹ I	(Check only T CERTIFYING PHYSICIAL	N: To the best of my knowled										
8	2 MEDICAL EXAMINER: C	in the basis of examination a	nd/or investigation	, in my opinion, d	eath occurad at the	time, data and place, an	d due to the cause	e(s) and manner as stated.				
BE	296. SIGNATURE AND SPICE OF CERTIFIER				29c. LICENSE NUI	200 75	29d. DATE SIGNI	ED (Month, Day, Year)				
ဥ	Supre 1	an			0417	21	7/3	0/94				
-	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH	H (ITEM 27) (Type, I	Print)	00'	- 1						
	Stephan Paulos	560 Kile	side is	. B/0/	Jalista	y, md 21	801					
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATU	URE)						
	AUG 0.0 1004	Seli Asuilean	Rela									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

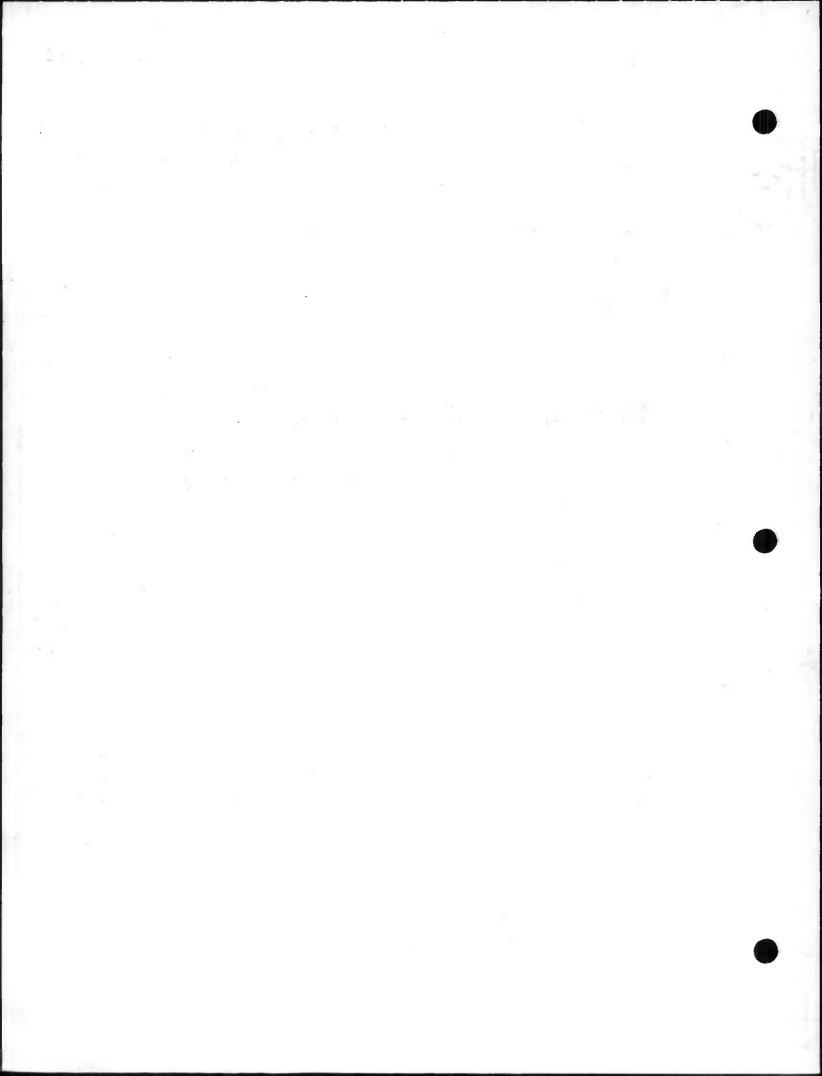
TO THE HUSPITAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 687604

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atte	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use in the filled within 72 hours after death with the State Deni, of Health and Mental Hybiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TTEN	TOR.	28 19
OR Al	DIREC	E
TAL	18 K	II II
10SP	UNEF	ANT
표	PHE P	ORT
5	2	IMP

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE C	F DEATH	REC	a. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEA		3. TIME OF DEATH						
	Oliver Milbert Jackson		August	10							
	4. SOCIAL SECURITY NUMBER 5. SEX 1 1 1 M 2 F		7. DATE OF BIR (Month, Day,)	bar)	Country) Country						
_		/N OR LOCATION OF D			Y OF DEATH						
<u>Ē</u>	Memorial Hospital at Easton Eastor			Tall	ot						
5	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LO	CATION			10d. INSIDE CITY						
ā		NNa			1 YES 2 NO						
FUNERAL DIRECTOR	100. STREET AND NUMBER 4007- Church Street	218	n of what country?								
5		DECENDENT OF HISPA , specify Cuban, Maxic			RACE — American Indian, Black, White, etc.						
B		YES 2 NO Specific			Specify: Black						
COMPLETED	15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUP (Specify only highest grade completed) (Give kind of work done during		16b. KIND (OF BUSINESS/INDUS							
回	Elementery/Secondary (0-12) College (1-4 or 5+) lifte. Do NOT use retired.)										
OME	17. FATHER'S NAME (First, Middle, Last)	`	ME (First, Middle, I	Anidan Cumamat							
BE C	Milbert Ross	DORG	the (First, MIDDIR, I	An/n1	Jackson						
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Stre	et and Number or Rural	Route Number, City		ode)						
-			NNO	Mary							
	20e. METHOD OF DISPOSITION 1 Pairial 2 Cremetion 3 Ramoval from Stata 4 Donation 5 Other (Specify) Company Com	10 1	Ru 8/17	Oc. LOCATION — CI	A 4 1						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAMI	AND ADDRESS OF FA	CILITY	Vien	7						
	Danelle C. Henry 510	NRY Fu	NeRal	Home	ambridge.Mo						
	23. PART . Enter the diseases, or complications that caused the death. Do not enter the		that cardiac pr	respiratory erres	t, Approximate						
	shock, or heert feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final				Interval Between Onset and Death						
	disease or condition a. Sops is				3 days.						
_	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	•									
CA	couse. Enter UNDERLYING CAUSE (Disease or Injury c. End stafe revail of	lisease.									
E	DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST										
H	d										
DICAL	PART II. Other significent conditions contributing to death but not resulting in the underly	ying ceuse given in	Part I. 24a. W	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO						
8			1	rES 2 NO	COMPLETION OF CAUSE OF DEATH?						
ME	DID TODACCO LICE CONTRIBUTE TO CALLCE OF DEATH. VEC. TO NO.	N			1 TYES 2 NO						
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only of		и 🔲 📗								
PHYSICIAN:	EXAMINER? HOSPITAL: OTHER:	forme 5 - Realdence	8 Other (Specia	(v)							
Ŧ	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c.	INJURY AT WORK?		HOW INJURY OCCU	RED						
B	2 Accident investigation	YES 2 NO									
	3 Suicide 8 Could not be datarmined 28s. PLACE OF INJURY — At home, ferm, atreet, factory, of building, atc. (Specify)	ffice	28f. LOCATION (City or Town,	Street and Number or State)	Rural Route Number,						
9	29a. CERTIFIER										
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the bast of my knowledge, dasth occurred at the time, (check only one) 2 MEDICAL EXAMINER: On the baste of axamination end/or investigation, in my opinion										
	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NU			SIGNED (Month, Day, Year)						
O BE	5772 M.D.	D46020)	▶	12 1994						
일	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)			Aug	, , , , , , , , , , , , , , , , , , , ,						
	S. I. ALI MD SOG IDLEWILD AVENUE CASTO 31. DATE FILED (Month, Day, Your) ALIG 1 5 1994 32. RESISTMAN DAY HUME RAVIALLY ALIG 1 5 1994	Ν									
	AUG 1 5 1994 32. RESISTANT STREET FOR THE PARTY OF THE PA										
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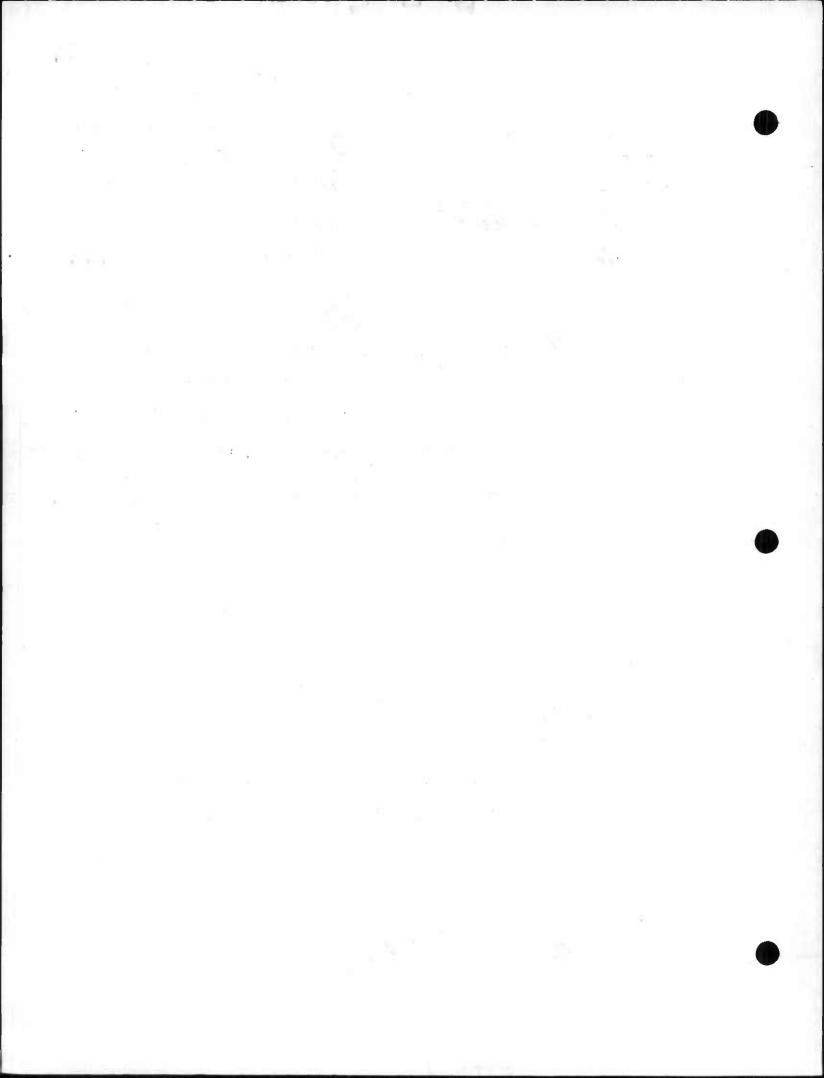
TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

SCORM SCORMY Market 218-50-117 SCORM SCORMY MARKET 218-50-117	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG.	NO.	
SOOMA SECURITY MADE IN THE PROPERTY OF THE PROPERTY OF THE PROPERTY MADE IN THE PROPERTY MADE	1. DECEDENT'S NAME (First, Middle, Last)							3. TIME OF DEATH
218-5-0-11/70 218-11/2 PART Second part 15 15 15 17 15 15 15 15								
SENDENCE OF DEFECENCE STATE AND ADMINIST PROJECT ON A CONTROLLED STATE AND ADMINIST PROJECT OF THE ADMINIST PROJECT OF THE ADMINIST PROJECT OF THE ADMINIST PROJECT OF THE ADMINIST PROJECT OF THE ADMINIST PROJECT OF THE ADMINIST PROJECT OF THE ADMINIST PROJECT OF THE ADMINIST PROJECT OF THE ADMINIST PROJECT OF THE ADMINIST PROJECT OF THE ADMINIST PROJECT OF THE ADMINIST PROJECT OF THE ADMINISTRATION OF THE ADMINISTR	218-50-1470	1 ፟ M 2 □ F				AMOUNT TO S	9, 1949	CountMaryland
STATE AND HAMBER POR LOSS (Final Bases on Processing Pr	9a. FACILITY NAME (If not institution, give 5543 Etzler Road	street and number)	9	b. CITY, TOWN Fre	or Location of De	ATN	9c. COUNT	y of peath. rederick
STREET AND INJUSTICE STREET AN	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNT	Υ	10c. CITY,	TOWN OR LOCA	TIQN			10d. INSIDE CITY
MARTIAL STATUS Server was a property of the process 10, MAG DECEMBER OF WAS A PROPERTY OF MARTINIC ORIGINAL (Speciety) was or No- 14, MAGE - American Indian, Martin Charlest (Speciety) was or No- 15, MAGE - American Indian, Martin Charlest (Speciety) was or No- 16, MAGE - American Indian, Martin Charlest (Speciety) was or No- 16, MAGE - American Indian, Martin Charlest (Speciety) was or No- 16, MAGE - American Indian, Martin Charlest (Speciety) was or No- 16, MAGE - American Indian, Martin Charlest (Speciety) was or No- 16, MAGE - American Indian, Martin Charlest (Speciety) was or No- 16, MAGE - American Indian, Martin Charlest (Speciety) was or No- 16, MAGE - American Indian, Martin Charlest (Speciety) was or No- 16, MAGE - American Indian, Martin Charlest (Speciety) was or No- 16, MAGE - American Indian, Martin Charlest (Speciety) was or No- 16, MAGE - American Indian, Martin Charlest (Speciety) was or No- 16, MAGE - American Indian, Martin Charlest (Speciety) was or No- 16, MAGE - American Indian, Martin Charlest (Martin Cha		Frederick						1 YES 2 NO
Professional Schements Character Contest				10	21702		10g. CITIZE	N OF WHAT COUNTRY?
Elementary Stock on Paper grow Consistency (12) Elementary Stock (12) Elementary Stock (12) College (14 or 5 *) Rain tenance FATHER'S NAME (PSI, Mose, Last) It and Tellington It and Markey (13) It and Tellington It and Herrico (2) It an	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, ap	ecify Cuban, Mexica	n, Puerto Rican, etc.	Yea or No—	Black, White, etc.
Maintenance Engineer Maintenance Engineer Maintenance Engineer Maintenance Main	(Specify only highest grad	e completed)	(Give kind of wor	k done durina mi	ON ost of working	16b. KIND OF	BUSINESS/INDUS	STRY
Bertha Tibblock Bertha Tib	Elementary/Secondary (0-12)	College (14 or 5+)			ngineer	Main	tenance	
a. NETHOD go BISPOSITION Durief 2, Diremation S Durief 2, Diremation State	17. FATNER'S NAME (First, Middle, Lest) Allan Tellington				Berth	a Nibblo	den Surname) CK	
Dute To (OR AS A CONSCOUENCE OF): AND IN OBJECT OR SERVICE UCINSEE MOOO21 22. NAME AND ADDRESS OF FACILITY Keeney and Basford Funeral Home 1.06 East Church Street, Frederick, Md. 21 Approximate NOO021 1. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. MEDIATE CAUSE (Final season or conflict) Businesses or condition Businesses or condition Businesses or condition Businesses or condition Businesses or condition Businesses or condition Businesses or condition Businesses or condition Businesses or condition Businesses or condition Businesses or condition Businesses or condition Businesses or condition Businesses or condition Businesses or condition Businesses or condition Businesses or condition Businesses or conditions	190. INFORMANT'S NAME (Type/Print) Gail Diane Jones		196 MAILING A	Etzler	Road, Fr	ederick,	Marylai	nd 21702
22. NAME AND ADDRESS OF FACILITY Keeney and Basford Funeral Home 106 East Church Street, Frederick, Md. 21 106 East Church Street, Frederick, Md. 21 107 108	20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 Ø Cremetton 3 ☐ Ren 4 ☐ Donation 5 ☐ Other (Specify)							
APPROXIMENT TO CAUSE CONTRIBUTE TO CAUSE OF DEATH YES NO SO PORT SET HEAD (Check only one) NANER OF DEATN NA	St. BIONATINE OF FUNERAL SERVICE LI	CENSEE . Basfor L	M00021	Kee	eney and	Basford		
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO NAS CASE REFERRED TO MEDICAL EXAMINER? NANER OF DEATH NANNER OF DEATH	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST	bDUE TO (OR AS A	A CONSEQUENCE OF):					Onset and Death
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO SO DEATH YES NO NO DEATH? WAS CASE REFERRED TO MEDICAL EXAMINER? I partient 2 ER/Outpattent 3 DOA A Nursing Home 5 KRasidenca 8 Other (Specify) MANNER OF DEATH Month, Dey, Near) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF INJURY 28. DATE OF DEATH (Check only one) 28. PLACE OF INJURY 28. DATE OF DEATH (Check only one) 28. PLACE OF INJURY 28. DATE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF INJURY 28. DATE SIGNET (NUMBER DATE SIGNED (Month, Dey, Wear) 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Wear) 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Wear) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Wear) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Wear) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Wear) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Wear) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Wear) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Wear)	PART II. Other algnificant condition	ns contributing to death I	out not resulting in	the underlyin	g cause given in			
WAS CASE REFERRED TO MEDICAL EXAMINER? WAS CASE REFERRED TO MEDICAL EXAMINER?								COMPLETION OF CAUSE
WAS CASE REFERRED TO MEDICAL EXAMINER? 1 O YES 2 NO HOSPITAL: 1 Impatient 2 Envolupatient 3 DOA 4 Nursing Home 5 Kasidence 8 Other (Specify) MANNER OF DEATH 1 Natural 5 Pending three stigetion three stigetion three stigetion investigation and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and menner as stated. D. Stignafure And Dittle OF Certifier NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D. A. Carrier, No. 1 Certifier (Month, Dey, Year) NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D. A. Carrier, No. 1 Certifier (Month, Dey, Year) NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D. A. Carrier, No. 1 Certifier (Month, Dey, Year) 28b. That Go There: 4 Normal And Nursing Home 5 Kasidence 8 Other (Specify) 28d. DESCRIBE NOW INJURY CCCURED Subject hanged self Subject hanged s	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF I	DEATH Y	ES NO	T		1 YES 2 NO
MANNER OF DEATN Natural S Pending Investigation		HOSPITAL:			LACE OF DEATH (Che			
Natural Subject Name Natural Subject Name Natural Subject Name Natural Subject Name Natural Subject Name Natural Subject Name Natural Na		1	patient 3 DOA 4	☐ Nursing Hon				
286. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) At home — rear wooded lot 286. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 5542 Etzler Rd, Frederick, MD a. CERTIFIER (Check only) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and piace, and due to the cause(a) and menner se stated. b. Signature and Title of Certifier D. Signature and Dittle of Certifier D. Signature And Dittle of Certifier D. Andrew Zarick, Jr. M.D., P.O. Box 369, Walkersville, MD 21793 DATE FILED (Month, Day, Veer) 32. REGISTRAR'S SIGNATURE	1 Natural 5 Pending	(Month, Day, Year)	INJUR	RY WO	DRK?			
At nome - rear wooded lot 5542 Etzler Rd, Frederick, MD a. CERTIFIER (Check only 2 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner se stated. b. SIGNATURE AND TITLE OF CERTIFIER D. SIGNATURE AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Or. Andrew Zarick, Jr. M.D., P.O. Box 369, Walkersville, MD 21793 DATE FILED (Month, Day, Year) 32. REGISTRAP'S SIGNATURE	3 Suicide 6 Could not be	26a. PLACE OF INJURY building, etc. (Spe	Y — At home, ferm, strendily)	et, factory, offic	20	28f. LOCATION (Str	eet and Number or	
2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and menner as stated. 29c. LICENSE NUMBER D35164 29d. DATE SUBNED (Month, Day, Year) NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Or. Andrew Zarick, Jr. M.D., P.O. Box 369, Walkersville, MD 21793 DATE FILED (Month, Day, Year) 32. REGISTRARY'S SIGNATURE	On OFFICIER					5542 Et	zler Rd	
NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Or. Andrew Zarick, Jr. M.D., P.O. Box 369, Walkersville, MD 21793 DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE								
Dr. Andrew Zarick, Jr. M.D., P.O. Box 369, Walkersville, MD 21793 DATE FILED (Month, Day, Year) 32. REGISTRAN'S SIGNATURE	Conoren	tens	100	7			29d. DATE S	SIGNED (Month, Day, Year)
DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		cick, Jr	1.b., P.O		: 369, W	alkers	ville,	MD 21793
	B1. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	VATURE POLL IN					· · · · · · · · · · · · · · · · · · ·

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89



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with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CLEMENT

31. DATE FILED (Month, Day, Year) AUG~12

TO BE COMPLETED BY FUNERAL DIRECTOR

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1 - FOR STATE REGISTRAR		STATE OF N	MARYLAN		RTMENT OF								
1. DECEDENT'S NAME (First, Mic	olotto (ant)			CERTIF	ICATE U	P DEA	i n	2. DATE OF	REG. NO.				
		TTO	THOT	TENER.	TOTTATO	037		MONTH	DAY		EAR	3. TIME OF DEATH	
	CHAF		LESI		JOHNS	-		Augu		199	-	6:00	Ри
4. SOCIAL SECURITY NUMBER	_	5. SEX		s. last birthday)	MONTHS DAY		H 24 HRS.	7. DATE OF (Month, D	BIRTH lay, Ygar)	8.	Country)	PLACE (State or Fon	eign
212-18-707	5	1 M 2 □ F	74	YRS.				1/2	6/192	0		ryland	
9a. FACILITY NAME (If not institu	ition, give st	reet and number)			9b. CITY, TOW			ATH					
4154 Ma	donr	a Road				Mad	onne	9		ford			
RESIDENCE OF DECE		10000				1100	022320	.40		-	TOAT	2014	
10a. STATE 10	b. COUNTY			10c. CI	TY, TOWN OR LO	CATION						10d. INSIDE CITY LIMITS?	
Maryland		Harfo:	rd			Jarr	etts	svill	е			1 YES 2 X	NO
10e. STREET AND NUMBER	-					10f. ZIP COL	DE		10	og. CITIZEI	N OF W	HAT COUNTRY?	
4154	Mad	lonna R	004				270	084		T	TQ	.A.	
11. MARITAL STATUS	Tiale	12. WAS DECEDEN	-	101150	1 40 100 0								
1 Never Married 2 Mar	rried	FORCES? 1	YES 2	NO				an, Puerto Rici	Specify Yea or an, atc.)	NO- 14	Black,	 American India: White, atc. 	n,
3 Widowed 4 Divorced		IF YES, GIVE V	WAR OR DATES	3	1 🗆 Y	ES 2 NO	Speci	ty:			Specify		
												casian	
15. DECEDE (Specify only hig			16	(Give kind of	work done during		ing	16b. K	NO OF BUSINE	SS/INDUS	TRY		
Elementary/Secondary (0-12)		College (1-4 or 5	+)	life. Do NOT L									
8		1		I	Barber					Barl	per	ing	
17. FATHER'S NAME (First, Middle	e, Lest)	_				16. MO	THER'S N	AME (First, Mid	dle, Maiden Sun	name)			
Milton	Le	slie	John	son			GT a	adys	Lee	r	Pue	ker	
19a, INFORMANT'S NAME (Type				_	G ADDRESS (Stre	et and Numb				_		1101	
Frances A	Jo	hneon			same				,, .		,		
				ian an ara-				+	T				
20 METHOD OF DISPOSITION 1 Buriel 2 Cremation		oval from State	100	er place)	SITION (Name of				20c. LOCAT				
4 Donation 6 Other (Sp			St	Mary	r's Ce			8/8	Py1	esv:	111	e, Md.	
21. SIGNATURE OF FUNERAL S	ERVICE LIC	ENSEE	173	//		AND ADDR			~~				
▶ // / / }	40	11/20 17	1	ATT.					Home				
	MUCA	event 1	wy.	1111	J	arre	tts	ville	Mar	ylaı	2d_		
23. PART I. Enter the disease shock, or heer	eses, or c	complications the List only one cer	t coused th	e deeth, Do	not enter the	mode of d	ying, su	ch es cardle	c or respirate	ory arres	t,	Approxime	
IMMEDIATE CAUSE (Finel		7933	U	- 61								Onset and	
disesse or condition	•	CARCI	UM MI	0 (2)	e REC	TUM	W	TIL	Divi Ma	NA	24	3 YEARS	9
resulting in deeth)		OUE TO	(OR AS A CO	NSEQUENCE (oF):	(66) 4		I I PI	CHAS	THE	2-6	- ICHIO	MON
	_												
Sequentielly list condition	8,	b. OUE TO	IOR AS A CO	NSEQUENCE (ner-							<u> </u>	
If sny, leading to immedie cause. Enter UNDERLYING		442 10	(011 70 71 00	MOLOGENOE (,,,							j	
CAUSE (Disease or injury	· <	C	(OD 40 4 00	NSEQUENCE (-	
that initieted events resulting in death) LAST		DUE 10	(OR AS A CO	NSEOUENCE (JF):								
Tesditing in death, EAST		d											
PART II. Other significant	condition	s contributing to	death but	not resulting	In the underly	dog cours	ahaa la	Dort I 2	te. WAS AN AU	TOBEY	T 245	WERE AUTOPSY FIR	UDING6
Trave in Galler argumount	COTTON	- continuating to	GORGI DOL	iot resulting	m die underig	mig cause	Aiseil II	1 FMIL 1. 2	PERFORME	D?		AVAILABLE PRIOR 1	то
								1	TYES 2	NO		COMPLETION OF C	AUSE
												1 YES 2 N	ю
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25. WAS CASE REFERRED TO M	IEDICAL				26	PLACE OF	DEATH (C	heck only one)			_		
EXAMINER?		HOSPITAL:			OTHER:	72							
1 TES 2 NO		1 Inpatient 2			4 - Nursing I		Residence		- "				
27. MANNER OF DEATH		28a. DATE OF (Month, L		26b. TJI	ME OF 26c.	INJURY AT WORK?		26d. DESC	RIBE HOW INJU	JRY OCCU	AED		
1 Natural 6 Per 2 Accident Inve	nding estigation				M 1[YES 2	☐ NO						
	uld not be	28e. PLACE C	OF INJURY -	At home, farm,	atreet, factory, o	ffice		26f. LOCAT	ION (Street and	Number or	Rural A	oute Number,	
	armined	building	, etc. (Specify)					City or	Town, State)				
29a. CERTIFIER											_		
(Check only		CIAN: To the best of											
2 MEDICA	L EXAMINE	R: On the basis of e	xamination en	d/or investigat	ion, in my opinio	n, death occ	ured at th	e time, data ar	nd place, and d	lue to the	cause(a)	and manner as st	ated.
29b. SIGNATURE AND TITLE OF	CERTIFIE	R		1		29c. LI	CENSE NU	MBER	2	9d. DATE S	SIGNEO	(Month, Day, Year)	
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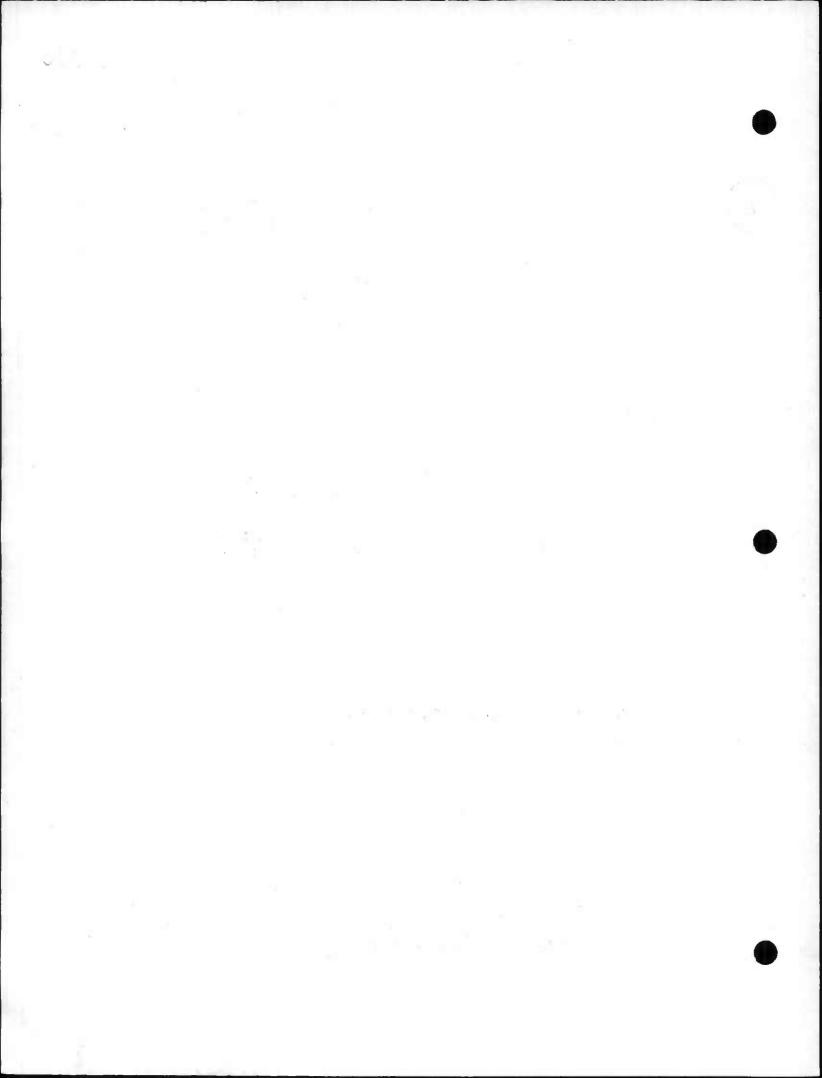
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	BALTIMORE, MARYLAND 21215-0020	Inducts after death. Page 6 may be retained by the hospital or attending physicians led in by the funeral director, page 5 should be detached for use as the burial-trans, or removal. • or removal. • medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nouns after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- REGISTRAR		CERTIF	ICATE O	DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)		1			2. DATE OF DEATH		3. TIME OF DEATH			
	NORBERT E.		KAF/ IX	J. Sr.		MONTH D	YEAR	9:20 Am			
	4. SOCIAL SECURITY NUMBER 5. SEX	10.000	In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	77	1.0.0			
				MONTHS DAYS		(Month, Day, Year)	Cou	THPLACE (State or Foreign intry)			
	403-01-1210-K 1		3 YRS.			May 17	1911	ΚΥ			
	9a. FACILITY NAME (If not institution, give street and n	umber)		9b. CITY, TOW	OR LOCATION OF DE	ATH	9c. COUNTY OF	DEATH			
DIRECTOR	Potomac Valley Nur	sing Ho	me	Rock	ville		Montgo	mery			
E I	10a. STATE 10b. COUNTY			Y, TOWN OR LOC	ATIOH			10d. INSIDE CITY			
E	Md. Montgome	rv	Po	ckvill	0			1 X YES 2 HO			
	10e. STREET AND NUMBER	<u> </u>	INO		of, ZIP CODE		100 CITIZEN OF	WHAT COUNTRY?			
FUNERAL	_1301 Clagett Driv	e		-	2085	1	U.S.				
5	11. MARITAL STATUS 12. WAS	DECEDENT EVER IN			CEHDENT OF HISPAN	IC ORIGIN? (Specify Yea	or Ho— 14. RA	CE American Indian,			
	IE AI	CES? 1 🗌 YES S, GIVE WAR OR D			specify Cuben, Mexica S 2 KNO Specifi	n, Puerto Ricen, etc.)		eck, White, etc.			
BY	3 Widowed 4 Divorced	.,			S 2 DE NO Specii	,	J Sp	white			
COMPLETED	15. DECEDENT'S EDUCATION	_	16a. DECEDENT'S	USUAL OCCUPA	ПОН	16b. KIND OF BUS	SINESS/IHDUSTRY				
E	(Specify only highest grade completed		(Give kind of life. Do NOT u	work done during a se retired.)	nost of working						
7	Elementary/Secondary (0-12) College	(1-4 or 5+)				T C C-		::			
₹	17. FATHER'S NAME (First, Middle, Lest)		print	er				inting off			
8					SAVIEW AVERAGE	ME (First, Middle, Maiden					
BE	Louis Kaelin			-		ia Zender					
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Town	n, State, Zip Code)				
	Ruby C. Kaelin		1301	Clage	tt Dr. 1	Rockville	, Md.	20851			
	20a. METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Removal from		PLACE AND DATE	OF DISPOSITION		DATE 20c. LO					
	4 Donation 5 Other (Specify)	State	St. M	arv s		8/8 Ro	ckvill	e Md			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		00.	22. HAME	AND ADDRESS OF FA	CILITY					
- 8	Milli CHite					eral Home e, Md. 20	,	.B. 86			
	23. PART I. Enter the diseases, or complice	tions that caused	the death. Do					Approximate			
	shock, or heart fellure. List only	Due canse Du e	ech line.					Interval Between			
- 1	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or As A conscouence of):										
	resulting in death) a	dingo	hate	~ / 1	ICCIPIC	7 7 1 1 0 1	r \				
		DUE TO (OR AS A	CONSEQUENCE O	F):							
Z	6	MULT	Me	+n+	arcts						
은	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
3	cause. Enter UNDERLYING										
Ē.	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):							
듄	resulting in death) LAST										
CERTIFICATION											
	PART ii. Other significant conditions contril	outing to deeth b	ut not resulting	in the underly	ng ceuse given in	Part I. 24s. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
DICAL						1 YES 2	4	COMPLETION OF CAUSE			
MED							1	OF DEATH?			
	DID TOBACCO USE CON	TRIBLITE TO	CALISE O	E DEATH	YES IT N			1 NES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL	INIDOIL 10	CAUGE C			- 🗀					
PHYSICIAN:	EXAMINER? HOSP			OTHER:	PLACE OF DEATH (Ch						
ΥS		rtlant 2 ER/Outp		4 Nursing H	me 5 Residence						
표		(Month, Day, Year)	28b. TIN		NJURY AT YORK?	26d. DEŞCRIBE HOW INJURY OCCURED					
B	1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2 NO						
		PLACE OF INJURY building, atc. (Spec	At home, ferm,	atreat, factory, of	ica	281. LOCATION (Street and Number or Rural Route Number,					
9	4 Homicide determined	bulloning, atc. (Spec	лу			City or Town, State)					
COMPLET	29e. CERTIFIER										
9	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner se stated.										
Ö	2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE SIGN	ED (Month, Day, Year)			
Number of the Market Number 1											
임	30. NAME AND ADDRESS OF PERSON WHO COMPLI	ETED CAUSE OF DE	ATH (ITEM 27) (Type	, Print)	-	, -					
SUNTA HONDIRA											
	31. DATE FILED (Month, Day, Ybar) 32.	REGISTRATE CIPE	ATURE		_						
	P .55 a Supha	REGISTRAR'S SIGN	Lean P. 1								
	7 - 35 7) 8 (1934	Jama and	WARE ALTON	-10							



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HEGISTRAH		CE	RIFICAL	E OF	DEATH	_	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Lest) John G. Knott, Jr.							2. DATE OF DEATH MONTH August 9, 1994 7:05 A.				
S. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs			birthday) IF UND	ER 1 YEAR	IF UNDER 24 HRS.	7. DATE	7. DATE OF BIRTH 8. BIRT			CE (State or Foreign	
451-66-8223	t 🕅 M 2 🗆 F	59	YRS. MONTH	DAYS	HOURS MIN.	(Mont	pt.2,19	31,	Country)	yland	
9a. FACILITY NAME (If not institution, g	ive street and number)		9b, CI	TY. TOWN	OR LOCATION OF I		P 0 • 2 9 2 7	9c. COUNT		4	
	2913 Green Valley Rd.				msville				reder		
RESIDENCE OF DECEDENT		-		-50	The Value of				. 0 002		
10a. STATE 10b. CO			10c. CITY, TOWN	OR LOCA	TION				100	I. INSIDE CITY	
Maryland	Montgome	rv			Boyds					LIMITS?	
10e. STREET AND NUMBER		140	H. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY					
	Jar Dd			208/1							
	15216 Ganley Rd.							USA			
11. MARITAL STATUS	12. WAS DECEDE FORCES?	NT, EVER IN U.S. ARM 1 X YES 2 NO	ED 1	13. WAS DECENDENT OF HISPAN It yes, specify Quben, Mexican			IIC ORIGIN? (Specify Yes or No.— 14		4. RACE — American Indian, Black, White, alc.		
IF YES, GIVE WAR OR DATES				t YES 2 NO Specify:					Specify:	hi to	
		57-1959							VV.	шсе	
t5. DECEDENT'S (Specify only highest g		(Give	kind of work don	T'S USUAL OCCUPATION of work done during most of working				16b. KIND OF BUSINESS/INDUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5	+) We. E	Do NOT use retired	T use retired.)							
10		Mai	Maintenance Foreman			(County Roads Dept.			t.	
17. FATHER'S NAME (First, Middle, Last,		N. I.					Middle, Meiden S				
John G	. Knott,	Sr.			Ma	argar	et Reff	it			
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING ADDRE	SS (Street	and Number or Rura	l Route Num	ber, City or Town.	State, Zip C	ode)		
William O.	Knott				alley Ro					751.	
29a METHOD OF DISPOSITION			D DATE OF DISP				E 20c LOC				
1. Burlet 2 Cremetion 3 1	Removal from State	comptery, crem	atory or other place	e ass	an Cem.	110/	200. 100.	Dane - Cit	y or lown,	0.001 7	
4 Donalion 6 Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE	LICENOSS	Doyus	rresp)	001.1	all belli.	1+41	74	Doyas	, Md	· 20041	
21. SIGNATURE OF PUNERAL SERVICE	LICENSEE	A	2	22. NAME AND ADDRESS OF FACILITY Olin L. Molesworth, P.A.							
Maria I.	Malon	in the		261	Ol Ridge	Rd	Domoe	0110	Ma	20872	
intervel Betwee Onset and Dei disease or condition resulting in death) a. Ilmind Arch Cancer a. Ilmind Arch Cancer											
Dúe to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of):											
PART II. Other algnificent conditione contributing to death but not resulting				underlylr	ng ceuse given i	PERFORMED? 1 YES 2 NO OF DEA			RE AUTOPSY FINDII BLABLE PRIOR TO MPLETION OF CAUS DEATH?		
25. WAS CASE REFERRED TO MEDICA EXAMINER?	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one)										
HOSPITAL: 1 YES 2 NO THER: 1 I Inpatient 2 ER/Outpatient 3 DOA A Nursing Home 5 Residence 6 Other (Specify)											
27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28s. TIME OF INJURY AT WORK? M 1 YES 2 NO											
2 Accident Investigati 3 Suicide 6 Could not 4 Homicide determine	e, farm, street, l	, street, lectory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
one) 2 MEDICAL EXAM	(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE FOR TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month Day Year)										
when		10-18191 > 8-10-94									
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Arthur G. Manalo, M.D. 11801 Fingerboard Rd., Monrovia, Md. 21770											
31. DATE FILED (Month, Day, Year)	32. REGISTE	AR'S SIGNATURE		50.	L DOUL U II	ا وما	MITTOAT	a, PIU	. 61	10	
AUG 1 2 19	QA dola	Davelson	.00								
MUGIL 6 13	71 June	The Manner	-CONTRACTOR	1							

Tae4: 42 . Company of the state of the s CIUS . T. ATT. W. . T. IN

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last) Evelyn	Welby	KEITH			2. DATE OF DEATH BANK AUGUST 14	1994	3. TIME OF DEATH 8:20 p M			
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	T DATE OF BIRTH		HPLACE (State or Foreign			
		1 □ M 2 🔯 F 68	YRS.	NTHS DAYS	HOURS MIN.	(Month, Day, Year) Oct 28,192		nington DC			
FUNERAL DIRECTOR	90. FACILITY NAME (If not Institution, give stre Frederick Memoria	96.		or location of de erick	ATH	9c. COUNTY OF DEATH Frederick					
	RESIDENCE OF DECEDENT	I nospitai		rred	erick		Frede	rick			
	Mosera Tomal	ederick	10c. CITY, TO	OWN OR LOCAT	10-2		10d, INSIDE CIT LIMITS?				
	Maryland Fr		Frede	T1CK		10g. CITIZEN OF WHAT COUNTRY?					
	810-A Stratford D			21701		U.S.A.					
	11, MARITAL STATUS	J.S. ARMED	MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify				E — American Indian.				
BY	1 Never Merried 2 X Merried 3 Widowed 4 Divorced	2 MNO ES		2 NO Specify	n, Puerto Rican, atc.)	Black, White, etc. Specify: White					
	15. DECEDENT'S EDUCA	ATION	I6a, DECEDENT'S USU	IAL OCCUPATION	nn .	16h KIND OF BUS					
ET.	(Specify only highest grade of Elementary/Secondery (0-12)	College (1-4 or 5+)	(Give kind of work	Give kind of work done during most of working e. Do NOT use retired.)			16b. KIND OF BUSINESS/INDUSTRY				
COMPLETED	11	Food Pu	rchase	r	Southern Biscut Company						
8	17. FATHER'S NAME (First, Middle, Last)	TTCIM	Sr		ME (First, Middle, Maiden	E (First, Middle, Maiden Surname)					
BE	190. INFORMANT'S NAME (Type/Print)	Charles Hamilton LINTHIC			Sophia	Route Number, City or Town	CARLISLE				
2	Edwin C. Keith					rederick.		21701			
	20a, METHOD OF DISPOSITION		LACEANDDATEOFD	ISPOSITION (Na			CATION — City or T				
ĺ	1 Burlel 2 N Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Smithsburg Crematory 8/16/94 Smithsburg, Maryland										
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			NO ADDRESS OF FA	ord P.A. F	uneral H	ome			
	richard C.	Morri	M00255	106 E	ast Chur	ch St Fre	derick	MD_21701			
	MO0255 106 East Church St. Frederick MD 21701 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, abock, or heart fellure. List only one cause on each line. Approximate interval Between										
	iMMEDIATE CAUSE (Fine) disease or condition										
	resulting in death) e										
z	Sequentielly list conditions. Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death										
ATIO	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING										
FIC	CAUSE (Disease or Injury the initiated events DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	reaulting in deeth) LAST										
	PART II. Other-significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS										
ICAL	PERFORMED? AMAILABLE PRINGS TO COMPLETION DE CAMPE										
MED	OF DEATH?										
PHYSICIAN: MEDIC											
CIA		HOSPITAL:	01	28. PL	ACE OF DEATH (Che	eck only one)					
HYS	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)									
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	M f	RK?	28d. DEŞCRIBE HOW INJURY OCCURED					
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	At home, ferm, stree	t, factory, offic	•	281. LOCATION (Street and Number or Bural Route Number,					
IE	4 Homicide determined building, stc. (Specify) City or Town, State)										
COMPLETED	299. CERTIFIER (Check only 1 DEERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated.										
Š	one) 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the cause(e) end menner se stated.										
BE (296. SIGNATURE AND TITLE OF CHITIFIER						29d. DATE SIGNED (Month, Day, Year)				
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	\(\frac{1}{2}\)	D01902		▶ August 15,1994					
	LeRoy T. Davis, M.D., 801 Tollhouse Avenue, Frederick, Maryland 21701										
	31. DATE FILED (Month, Day, Year)	Allooth Day Vest 22 BECICTERING SIGNATURE									
	AUG 1 7 1994	Jan Davelson	- Rardall								

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. If hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-18 Rev 1/89

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR C	ERTIF	ICATE O	F DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)	ten	toe		2. DATE OF	, DA	Y	YEAR, 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. le	ast historiau	IF UNDER 1 YEA	R IF UNDER 24 HRS.	Augu			774	ACE (State or Foreign
	293-34-9408 1 X M 2 □ F 84	YRS.	MONTHS DAY	S HOURS MIN.	7. DATE OF 1 (Month, De Febru	lary	2	Country)	Greece
DIRECTOR	99. FACILITY NAME (If not institution, give street end number) Suburban Hospital RESIDENCE OF DECEDENT			n on Location of Di hesda	EATH			ontgor	
EC	10e. STATE 10b. COUNTY		Y, TOWN OR LO	CATION				10	Id. INSIDE CITY
	Maryland Montgomery	Be	thesda					1	LIMITS? YES 2 NO
FUNERAL	10e. STREET AND NUMBER			101, ZIP CODE					T COUNTRY?
E I	8701 Irvington Avenue			20817			U.S	5.A.	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EYER IN U.S., AI FORCES? 1 YES 2 MI IF YES, GIVE WAR OR DATES		II yes,	Specify Cuben, Mexico (ES 2 X) NO Specif	en, Puarto Rica		or No-	14. RACE — Black, W Specify:	American Indian, /hite, etc. White
	15. DECEDENT'S EDUCATION 16e. OI (Specify only highest grade completed) ((ECEDENT'S	USUAL OCCUPA	ATION most of working	16b. KIN	O OF BUS	INESS/IND	USTRY	7
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)		work done during se retired.) Worker			Manu	factı	iring	
Š	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NA	ME (First, Midd	lle, Maiden	Surname)		
BE (Modestos Kotsatos			Maria	Sitara	ıs			
2				et end Number or Rural					20017
				on Avenue					
	20b. PLACE 1XJ Burlel 2 Cremetion 3 Removal from State 4 Donestion 5 Other (Specify) 20b. PLACE campatagy, crit	rematory of o	of disposition ther place)	Cemetery	8/8			Otty or Town.	, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			AND AGORESS OF FA					
	Leenen Simmons	\mathcal{I}		n Gawler ie, N.W. W					
	23. PART i. Enter the diseesea, of complimations that caused the de	leath. Do r							Approximata
	shock, or haert failure. List only ons cause on each line IMMEDIATE CAUSE (Final disease or condition resulting in death) OUE TO (OFF AS A CONSE	15.							Interval Batween Onset and Daath
_	OUE TO (OH AS A JONSE & Coli	SQUENCE OF	F): _	1					
CERTIFICATION	Sequentielly list conditions, if any, faeding to immediate		F): Px	1					
2	cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events DUE TO (OR AS A CONSE	5		ladden	<u>.</u>				
Ē	that initieted events resulting in death) LAST	tes .	ma of a	Ditus					
	u.		1						
DICAL	PART II. Other significant conditions contributing to death but not	i sea		ing ceuse givsn in	Part i. 24	PERFOR		AV	ERE AUTOPSY FINDINGS AILABLE PRIOR TO
	Hiporherm on.	1 500	<i>.</i> .		1 (YES 2	□ NO		OMPLETION OF CAUSE DEATH?
Σ		2	entro	۸.	_			1	YES 2 NO
NA I	25. WAS CASE REFERRED TO MEDICAL			PLACE OF OEATH (Ch	eck only one)				
Sic	EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetient :	3 DOA	OTHER:	ome 5 Residence		pecify)	-		
PHYSICIAN: ME	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c.	INJURY AT WORK?	28d. DESCRI		JURY OCC	URED	
B	1 Netural 5 Pending 2 Accident Investigation		M 1	YES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, i	street, factory, of	ffica	26t. LOCATIO City or To	ON (Street e own, State)	nd Number	or Aurel Rout	e Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, di one) 2 MEDICAL EXAMINER: On the basis of examination end/or								nd manner es atated.
띪	296. SIGNATURE AND TITLE OF CERTIFIER	~L)	29c. LICENSE NUI	MBER S	7	29d. DATE	SIGNED (M	onth, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	EM 27) (Type,	Print)	ressiona	e Ln#	40	9 R	ckvil	le mo.
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE ALLO O 1001 Augustus David	-1.00	0					-3	0832
- 1	ALLO A A 1001 Gillia Dolledron Man	TOUR							

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

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31. DATE FILED (Month, Day, AUG 0

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1994

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		1 - FOR STATE OF STAT		DEPAR					MENTAL HYGIEN REG. NO.	_	,	
		1. DECEDEN & NAME (First, Middle, Last)	Valla	201	/				2. DATE OF DEATH	N	CYEAS	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER S. SEX	6. AGE (In yrs. las	f birthday)	IF UNDER	1 YEAR	IF UNDER	1 24 HRS.	7. DATE OF BIRTH	7	3. BIRTHE	LACE (State or Foreign
		579-38-1864 1½ M 2	F 87	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) APRIL 3, 1	907	Country	YORK
	œ	99. FACILITY NAME (If not institution, give street and number)					ON OF DE			INTY OF DE	
)	67	HOLY CROSS HOSPITAL			2	SILVI	ER S.	PRINC	}	MON	TGOME	RY
1	DIRECTOR	106. STATE 10b. COUNTY MARYLAND MONTGOMERY		1	y, town o						- 1	10d. INSIDE CITY LIMITS?
d	- 1	10e. STREET AND NUMBER		3.	LLVER		ZIP COD	E		10g. CIT		1 TYES 2 X NO
4	FUNERAL	14709 BIGBY COURT					209	906		UNI	TED S	TATES
		1 Never Married 2 Married FORCES?	DENT EVER IN U.S. AR		- 1	If yes, spe	city Cube	n, Maxican	C ORIGIN? (Specify Yes , Puerto Rican, atc.)	or No-	Black,	- American Indian, Whits, etc.
	E E	3 Widowed 4 Divorced	WWII			I TYES	2 X NO	Specify:			Specify	WHITE
	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(G	CEDENT'S Ive kind of Do NOT us	work done o	CCUPATIO	N st of workin	ng	16b. KIND OF BUS	SINESS/IN	DUSTRY	
_	PE	Elementary/Secondary (0-12) College (1-4	Dr 5 +)	ATIS:		AN			GOVERNM	ENT/	MILIT	ARY
t once	COMPL	17. FATHER'S NAME (First, Middle, Last)					-		NE (First, Middle, Malden	Surname)		
fled a	8	NATHAN KULLBACK 196. INFORMANT'S NAME (Type/Print)	19	b. MAILING	ADDRESS	(Street a	IDA		GLASSER oute Number, City or Tow	n State 7	in Code)	
gou o	2	JOSEPH KULLBACK (SON)							AITHERSBUR			878
nust b		20s. METHOD OF DISPOSITION 1	20b.PLACE cemetery, cre MT • (AND DATE	OF DISPOS	ITION /Ne	me of	,	6.40		City or Tow	
199		4 Donation 5 Other (Specify)	MI. (JOMEC	22.	NAME AN	D ADDRE	SS OF FAC	ILITY			/IRGINIA
examiner must be notified at once.	d	16	11/00	el					BERG MEMO E PIKE, RO			
medical		23. PART I. Enter the disease, or complications shock, or heart failure. List only\one	thet ceueed the de	eth. Do r	not enter	the mo	de of dy	ing, such	as cerdiec or respi	ratory ar	rest,	Approximete Interval Between
the m		iMMEDIATE CAUSE (Finel disease or condition	MOVIN		200							Onset and Death
event,		resulting in death) a.	E TO (OR AS A CONSE	DUENCE O	19							
	N	Sequentially list conditions, b.										
other traumatic	RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	E TO (OR AS A CONSE	QUENCE O	F):							
other	FI	that hittoriad events	E TO (OR AS A CONSE	DUENCE O	F):							
6	CER	resulting in death) LAST	A									
/ Injury,		PART II. Other eignificant conditions contribution	g to death but not	eaulting	in the lun	derlying	ceuse	given in F	Part I, 24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS
ws any	EDICAL	Lovenary	Norto	7		LJ	4)	1	1 [] YES 2	200	'	COMPLETION OF CAUSE OF DEATH?
3 shows	N: M								_			YES 2 NO
item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL	:		OTHER		ACE OF D	EATH (Che	ck only one)			
ö	PHYS		2 ER/Outpatient 3	DOA 28b. TIM	4 🗆 Nurs				2ad. DESCRIBE HOW I	N II IBV OC	CIBED	
marked,	ВУ Р	1 Netural 5 Pending (Mo)	rh, Day/ lear)		URY M	WOI			and Deporting from a		CONED	
50 00	C	3 Suicide 28e. PLA	CE OF INJURY — At ho ling, etc. (Specify)	me, ferm,	street, tect	ory, office			261. LOCATION (Street a City or Town, State)	and Numbe	r or Rural Ro	ute Number,
	COMPLET	299. CERTIFIER (Check only	at of my knowledge, de	ath occurr	ed at the ti	lme, date	and place	, and dua t	to the cause(s) and mer	ner sa sta	rted.	
N	OMI	one) MEDICAL EXAMINER: On the basis										and menner es stated.
IMPORTANT: If Item	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Wohn	dy			29c, UC	HE NUM	75	29d. DAT	E SIGNED	Month, Day, May 1
	유	36. NAME AND ADDRESS OF PERSON WHO COMPLETED			2015		11 -	21	7	T1	100	0000
	- 1	CARROLL D. MAHONEY, M.I	., 10301	GEOR(A ALخ	AVE.	, #30	J4 S	SILVER SPR	ING,	MD 2	0902

M.D., 10301 GEORGI
32. REGISTRAR'S SIGNATURE
Juna Davidson Pandelle

0.04

BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within grouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burjal-transit is be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
RE, M	may be re	c page 5	st be no
TIMO	. Page 6	eral directo	liner mu
BAL	after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	cal exan
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X 687	executed	n and coi	matic e
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, P.O	leath cert	attending ntal Hygik	y, or ot
SORC	that the d	d by the	my injur
RECC	requires 1	en signe of Health	shows a
TAL	The law	ate Dept.	em 23
FVI	SICIAN	certifica	d, or 11
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	YHY DNIC	After this death with	marke
INISI	S ATTENC	RECTOR:	m 28 is
Q	PITAL OF	PRAL DIS	T: If ite
	THE HOSE	THE FUNE	ORTAN
	5	23	W

	1 - STATE OF MAI		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) James Millard Lantz		100	2. PATE OF DEATH DAY 191	3. TIME OF DEATH A
	4. SOCIAL SECURITY NUMBER 5. SEX 212-18-5728 1 🖾 M 2 🗆 F 9s. FACILITY NAME (if not institution, give street and number)	81 YRS.	F UNDER 1 YEAR F UNDER 24 MRS. MONTHS DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF DE	(Month, Day, Year) Aug. 29, 1912	BIRTHPLACE (State or Foreign Country) Maryland Y OF DEATH
DIRECTOR	Lambert Ave.		New Windsor		Carroll Carroll
	Maryland Carroll 10s. Street and number	10c. CITY,	New Windsor	10g. CITIZE	10d. INSIDE CITY LIMITS? 1 TYPES 2 NO N OF WHAT COUNTRY?
BY FUNERAL	Lambert Ave. 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 XNO	217 13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxica 1 YES 2 N NO Specify	NIC ORIGIN? (Specify Yes or No- 14 in, Puerto Ricen, atc.)	.S.A. .RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 11 5	life. Do NOT use	ork done during most of working	social servic	
BE	17. FATHER'S NAME (First, Middle, Last) J. Earl Lantz 19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	Ma	ME (First, Middle, Maiden Surname) Bel Hann Route Number, City or Town, State, Zip Co	ode)
5	Nellie H. Lantz 20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetton 3 Removal from State	P.O. B	SOX 111 New Wi	ndsor, MD 21776	or Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Atharise O	Pipe Creel	22. NAME AND ADDRESS OF FA	D.D. Hartzler	
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury	AS A CONSEQUENCE OF)	estre sync		t, Approximate interval Between Onset and Death
PHYSICIAN: MEDICAL (PART II. Other significant conditions contributing to de	diseaso	case,	PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
B	EXAMINER? 1 YES 2 NO 1 Inpetient 2 EF 27. MANNER OF DEATH Netural 5 Pending Investigation 288. OATE OF INJ (Month, Day, 1)	URY 28b. TIME 1NJU	M 1 YES 2 NO		
COMPLETED	29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my arms of the best of axaminer: On the best of axaminer:				
TO BIE	28. HAVE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	OF DEATH (ITEM 27) (Types)	29c. LICENSE NUI	MBER 29d. DATE S	SIGNED (Month, Day, Year)
	31. DATE FILED (Month, Day, Year) 32. REGISTRAN'S AUG 15 1994	SIGNATURE /	F.O. Dy II	o, union D	Ridg Ma

DHMH-18 Rev 1/89

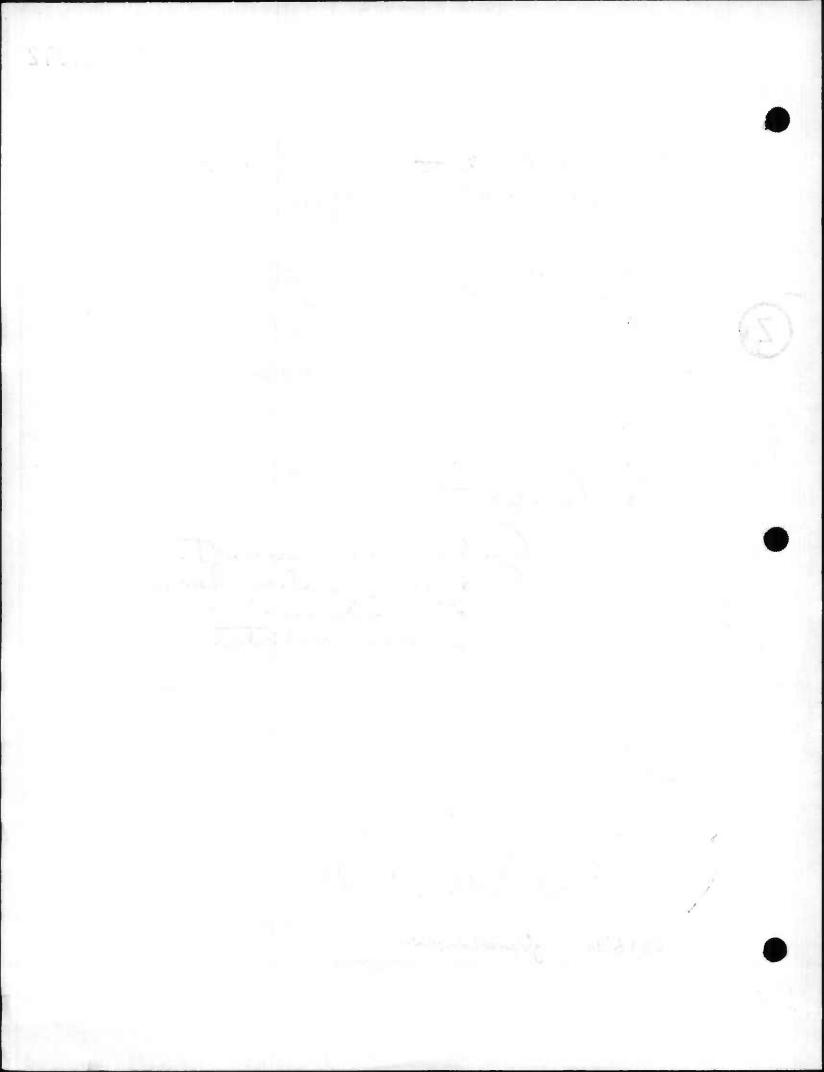
	1. DECEDENT'S NAME (First, Middle, Last	2. Lare				2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign
	353.09-714) 1 VM 2 OF 75	TO YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		man. III
~	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN C	R LOCATION OF DEA	TH	9c. COUNTY OF	DEATH
DIRECTOR	PESIDENCE OF DECEDENT	Sincenter		ELKto	00		Cecil	
REC	10e. STATE 10b. COUN	TY .	10c. CIT	Y, TOWN OR LOCAT	TON			10d. INSIDE CITY
	MC. Ca	cil		ELKIST)			1 VES 2 NO
FUNERAL	10s. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OI	WHAT COUNTRY?
NE	11. MARITAL STATUS	We .			21921			ited State
	1 Never Married 2 Merried	12. WAS DECEDENT EVER- FORCES? I YES IF YES, GIVE WAR OR (2 NO	If yes, sp	ecify Cuban, Mexican,	ORIGIN? (Specify Yes Puerto Rican, atc.)		CE — American Indian, ick, White, etc.
В	3 Widowed 4 Divorced	1941 - 19	60	1 L YES	2 NO Specify:		1 5	White
8	15. DECEDENT'S ED (Specify only highest gred		(Give kind of	USUAL OCCUPATION		16b, KIND OF BUS	SINESS/INDUSTRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT u	se retired.)	or or worlding			
COMPL	12 17. FATHER'S NAME (First, Middle, Last)		Machin:	ist	The second second		Repair	
ECC	Elmer Lane					E (First, Middle, Maiden ch Prest	Surname)	
00	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street e		ute Number, City or Tow	n. State Zin Code)	
5	Bette J. Lane					n East, M		
	20e. METHOD OF DISPOSITION I □ Burlel 2 ☑ Cremetion 3 □ Res		b. PLACE AND DATE	OF DISPOSITION (Na			CATION — City or	
	4 Donation 5 Other (Specify)	R	metery, crematory or o	cis Crema	atory	3/16/94 W	est Ches	ter, Penna
	21. SIGNATURE OF FUNERAL SERVICE L	ICHNSES	/_	22. NAME AN	o ADORESS OF FACIL	LITY		
	1 Colube	Kur/					North Ea	st MD 2190
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	OUE TO JOH AS	A CONSEQUENCE O	D	willy Usla	Pises	erl	
MEDICAL C	PART ii. Other significent condition	ons contributing to death I	but not resulting	in the underlying	g ceuse given in Pr	PERFOR	IMEO?	Ab. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSO OF GEATH? 1 YES 2 NO
4	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Check	conly one)		
옰	1 YES 2 3-NO	HOSPITAL: t ☐ Inpatient 2 ☐ ER/Out	patient 3 🗆 DOA	OTHER: 4 Nursing Home	s 5 🗆 Rasidence 6	Other (Specify)		
YSICIA		28s. OATE OF INJURY	28b. TIM	IURY WO	RK?	8d. DESCRIBE HOW II	NJURY OCCUREO	
PHY	27. MANNER OF CEATH	(Month, Day, Year)	9.25					
PHY	t Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)			ES 2 NO			
р ву рну	t Natural 5 Pending	(Month, Day, Year)	Y — At home, farm,			81. LOCATION (Street e City or Town, State)	and Number or Rure	I Route Number,
ETED BY PHY	t Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	(Month, Day, Year) 28a. PLACE OF INJUR's building, etc. (Spe	Y — At home, farm,	street, lactory, office		City or Town, State)		l Route Number,
ETED BY	t Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined 29e. CERTIFIER (Check only)	(Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	Y — At home, farm,	street, lactory, office	end place, end due to	City or Town, State) the ceuse(s) and men	nner ee stated,	
COMPLETED BY PHY	t Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) CERTIFICAL EXAMIN	(Month, Dey, Year) 28a. PLACE OF INJUR building, etc. (Spe SICIAN: To the beel of my ince	Y — At home, farm, ceffy)	street, lactory, office	end place, end due to	City or Town, State) the ceuse(s) and men ne, date end place, en	nner ee stated, d due lo lhe cause	(e) end manner ee stated
BE COMPLETED BY PHY	t Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined 29e. CERTIFIER (Check only)	(Month, Dey, Year) 28a. PLACE OF INJUR building, etc. (Spe SICIAN: To the beel of my ince	Y — At home, farm, ceffy)	street, lactory, office	end place, end due to seth occured at the tir 29c. LICENSE NUMB	City or Town, State) the ceuse(s) and men ne, date end place, en	d due to the cause	e(e) end manner ee stated
E COMPLETED BY PHY	t Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) CERTIFICAL EXAMIN	(Month, Dey, Year) 28a. PLACE OF INJUR building, etc. (Spe SICIAN: To the beel of my ince ET. On the beels of examples	Y — At home, farm, city)	street, lactory, office and at the time, date on, in my opinion, do	end place, end due to	City or Town, State) the ceuse(s) and men ne, date end place, en	d due to the cause	r(e) end manner ee state
BE COMPLETED BY PHY	t Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) TILL OF CERTIFIER 29b. SIGNATURE AND TILL OF CERTIFIER	28a. PLACE OF INJUR building, etc. (Spe SICIAN: To the beel of my indeed ER On the beals of examination	Y — At home, farm, city) state of the state	street, lactory, office and at the time, date on, in my opinion, do	end place, and due to seth occured at the tir 29c. LICENSE NUMB $D-06181$	city or lown, State) the ceuse(s) and menne, date end place, en	d due to the cause	e(e) end manner ee state

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BALTIMORE, MARYLAN

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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5 should 1	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	notified
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		/ DEPART	MENT OF H	EALTH AND M	ENTAL HYGIEN	_	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	AY	3. TIME OF DEATH
		NDON			Aug. 14,	1994	
	218-14-4565 1 XM 2 D F 86	"	IF UNDER 1 YEAR HONTHE DAYS	MOURE BOOK	Oct. 6, 1		N. BIRTHPLACE (State or Foreign Country) Virginia
œ	9e. FACILITY NAME (If not institution, give street end number)			R LOCATION OF DEAT	Н	9c. COUNT	Y OF DEATH
5	Home - 5150 Old Auger Rd.		Cris:	field, MD		Some	erset
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
P	Maryland Somerset	C	risfield	đ			LIMITS?
AL	10e, STREET AND NUMBER		101.	ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
EH	5150 Old Auger Rd Annemessex	Ridge		21817		U	J.S.A.
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Nerried FORCES? 1 YES 2	ARMED	13. WAS DEC	ENDENT OF HISPANIC	ORIGIN? (Specify Yes		4. RACE — American Indian, Black, White, etc.
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	AL TO		2 XNO Specify:	rueno nican, etc.)		Specify
	15. DECEDENT'S EDUCATION 16e. D	DECEDENT'S III	SUAL OCCUPATION	AJ	Tast while on all		White
E	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of worlde. Do NOT use	rk done during mos retired.)	at of working	16b. KIND OF BU	SINESS/INDUS	STRY
필		terman			Sea	Food	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME	(First, Middle, Maiden	Surname)	
BE	Curtis M. Landon			Fannie	Jane Park	KS	
2				nd Number or Rural Rou		n, State, Zip Co	ode)
				- Crisfie		21817	
- 1	1X Buriel 2 Cremation 3 Removal from State	remetory or other	DISPOSITION (Nat or place)				ry or Town, State
	21. SIGNATURE OF CHEMAL SERVICE LICENSEE	ridge l	Memoria	Park-8/	17/94 Cr:	isfiel	d, MD
	. Kobeth Bradehaw.	h.	Bradsh	naw & Sons	Funeral		
\dashv	Robert H. Bradshaw, Jr.		306 W	Main St.	- Crisfie	eld, M	D 21817
	23. PART I. Entar the diseases, or complications that caused that d shock, or heart failure. List only one cause on each lin IMMEDIATE CAUSE (Final disease or condition resulting in death)	16.		le of dying, such a			Approximata Interval Between Onset and Dasth
	OUE TO OR AS A CONSE						1975
S	Sequentially list conditions,						,
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	EQUENCE OF):					
윤	CAUSE (Disease or Injury that initiated evants OUE TO (OR AS A CONSE	EOUENCE OF):					
	resulting in death) LAST						j
ပ၂	PART II Other significant conditions contained as						
MEDICAL	PART II. Other significant conditions contributing to death but not	rasulting in	the underlying	cause givan in Pa	rt I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					1 TYES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
					-		1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		28. PL /	ICE OF OEATH (Check	only one)		
Sic	EXAMINER? 1 YES 2 NO NO NO NO HOSPITAL: 1 Inpetient 2 ER/Outpatient :		THER:	5 N Residence 8			
토	27. MANNER OF DEATH 280. DATE OF INJURY	28b. TIME C	OF 28c. INJU	RY AT 28	d. DESCRIBE HOW IN	JURY OCCUR	RED
8	1 2 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJUR		IK? ES 2 NO			
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At h	ome, farm, stre	et, factory, office	28	f. LOCATION (Street a. City or Town, State)	nd Number or	Rural Route Number,
	4 Homicide determined				Only or lown, steeley		
COMPLET	29e. CERTIFIER (Check only one) 1	leath occurred a	et the time, date o	and place, and due to t	the cause(e) end men	ner ee atated.	
5	2 MEDICAL EXAMINER: On the besie of examination end/or	investigation, i	In my opinion, de	ath occured at the time	e, date and place, end	due to the c	euse(e) and menner es stated.
1 C							
- 11	29b. SIGNATURE AND TITLE OF CERTIFIER		1	29c. LICENSE NUMBE	R / //_	29d, DATE SI	IGNED (Month, Day, Year)
H H	7. 8. B	our	ran	29c. LICENSE NUMBE	64	≥ Ø	8/16/94
IO BE C	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE		nan	127	64	> B	SIG 94
H H	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE		nan	127	64	> B	1916 94 8/16/94

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 37 hours after death. Page 6 may be retained by the hospital or attending physician.	may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit a be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ior, page 5 should be detached for use as the burial-transit
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ust be notified at once.

1		STATE REGISTR	AR
	1. D	ECEDENT'S	NA

	1 - STATE REGISTRAR	SIAIE OF MAN		FICATE (F HEALIH	H ME	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	Jack	. Eja	ack E.	Lockhar		DATE OF DEATH MONTH DA		YEAR 94	3. TIME OF DEATH 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 224-22-1965	5. SEX 6. AG	70 ves.	MONTHS DA		MIN. F	Month, Day Year)	24	8. BIRTHP Country)	Alabama
	9a. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TO	VN OR LOCATIO				NTY OF DE	
TOR	Brooke Grove Nurs	ing Home		01ne	У			Mon	tgome	ery
JEC.	10a. STATE 10b. COUNT	Y	10c. CI	TY, TOWN OR L	CATION				1	10d. INSIDE CITY
ā	Maryland Montg	omery	Roo	ckville						LIMITS?
FUNERAL DIRECTOR	100. STREET AND NUMBER 5507 Manorfield R	toad			20853	3		10g. CIT	USA	HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR WW II	S 2 NO	If yes	DECENDENT OF , specify Cuban, YES 2 X NO	, Maxican, P	ORIGIN? (Specify Yea Puarto Rican, etc.)	or No	14. RACE - Black, Specify	- American Indian, Whita, atc. White
	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. OECEOENT				16b. KIND OF BUS	INESS/INE	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.) ce Lieu	most of working tenant	1	D.C.	Pol	ice D	epartment
8	17. FATHER'S NAME (First, Middle, Lest)						(First, Middle, Maiden S	Surname)		
BE	Prather Lockhart 19a, INFORMANT'S NAME (Type/Print)		105 MAN IN	O ADDRESS (C)			Rozelle Number, City or Town			
은	Amantina Lockhart						ckville,			20853
	20a. METHOD OF DISPOSITION 1 № Buriel 2 □ Cremetion 3 □ Ram 4 □ Donation 5 □ Other (Specify)		ROB. PLACE AND DATE COMMETTER COMMETTER STATE OF H			V			City or Tow	n, Stata g, Maryland
	21. SIGNATURE OF VEINERAL SERVICE CH			22. NAM 1180	0 New 1	s of facili		nald	li Fur	neral Home
	23. PART I. Enter the diseases, or ahock, or heart failure.	complications that cause on	sed the death. Do	not enter the	mode of dyin	ig, such a	s cardiac or respir			Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. ASP	PRATIO S A CONSEQUENCE (N DF):	PNEU	MO	NIA			Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bOUE TO (OR AS	S A CONSEQUENCE (DF):						
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE (DF):						
	PART II. Other algorificant condition	a contributing to death	but not reaulting	in the under	ying causa gi	van in Par	t I. 24a. WAS AN	WTOPSY	24b. V	WERE AUTOPSY FINDINGS
: MEDICAL		PHYSEMA					PERFORI	MED?	6	WAILABLE PRIOR TO COMPLETION OF CAUSE
MEC	INTRACEREBRA									OF DEATH?
AN:	DID TOBACCO USE	CONTRIBUTE TO	CAUSE O			NO				
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	utantiant 2 7 004	OTHER:	PLACE OF DE					
H.	27. MANNER OF OEATH	28a. OATE OF INJUR	Y 28b. TII	ME OF 28c	INJURY AT		d. DESCRIBE HOW IN	JURY OC	CURED	
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year			WORK?	NO				
- 0	3 Suicide 8 Could not be datarmined	28a. PLACE OF INJU building, atc. (S)	RY — At home, tarm, pecify)	streat, factory,	offica	28	f. LOCATION (Street all City or Town, State)	nd Number	or Rural Roo	ute Number,
COMPLETED		CIAN: To the best of my knors. CIAN: On the bests of examiner								and manner as stated.
BE 0	29b. SIGNATURE AND TITLE OF CERTIFIER	ToNous			29c. LICEN	ISE NUMBE	R	29d. DAT	E SIGNED (A	Month, Day, Year)
ဝ	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM AT)	Drint)	1923	>70C)	> 2	7-4.	-74
	TED E. HOWE		OLNEY	o. Print)	10.	7	0832			
	AUG 1 1 1994	32. AEGISTRAB'S SIG	GNATURE SON-Randell							

	Sept.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	a. j
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within wours after death. Page 6 may be tetained by the hospital or attending physician.	. 61 -
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfipermit.	nsit permit.
be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to bunal, cremation, or removal.	W. 47
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	- ed

	FOR 1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENTA	L HYGIEN	E					
	t. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH	NO. DAY VEAR 1994 8. BIRTHPLACE (State or For Country) 928 Canada 9c. COUNTY OF DEATH Montgomery 10d. INSIDE CITY LIMITS? 1 YES 2 10g. CITIZEN OF WHAT COUNTRY? USA Vea or No- 14. RACE — American India Black, Whita, atc. Specify: White BUSINESS/INDUSTRY — Federal Govt. Ion Surname) In Rown, State, Zip Code; Maryland 20817 LOCATION — City or Town, State rentwood, Maryland Home Ve Silver Spring, Approximal interval Base Onset and 24 hr ANALITOPSY ANALABLE PRIOR COMPLETION OF COMPL					
	Vivian Pearl	l Luhr	S			A1101			8. BIRTHPLA Country) Canada Ca		Рм		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I	n yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7 DATE	OF BIRTH		B. BIRTHPLACE Country) Canada 9c. COUNTY OF DEATH MONTGOMERY 10d. 1KI 10g. CITIZEN OF WHAT COUNTY USA TNO- 14. RACE — Ar Black, White Black, White Black, White MARKET ARE SERVED AND COUNTY Federal Go TION — City or Town, St 1tWood, Mar Ome Silver Sp tory arrest, One Silver Sp tory arrest, One Of D One One One One One One One One One On		-		
	574-10-1403 9a. FACILITY NAME (If not institution, give stre		66 YRS.	MONTHS DAY	N OR LOCATION OF D	May	5, 192	28 C	ana	anada			
DIRECTOR	Suburban Hospital	nn and minori		Bethe									
EC	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LO	CATION					10d. INSIDE CITY			
	Maryland Monts	gomery	Ве	thesda						LIMITS?	10		
FUNERAL	7201 Barnett Road			i	10f. ZIP CODE				N OF W	HAT COUNTRY?			
N.		12. WAS DECEDENT EVER IN	U.S. ARMED	13 WAS	20817 DECENDENT OF HISPA	NIC ORIGIN	12 (Specify Vec		A DACE	- American Indian			
BY FL	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO	If yes	, specify Cuban, Mexic YES 2 NO Speci	en, Puerlo I			Black, Specify	White, etc.	, I		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	ompleted)	16a, DECEDENT'S ((Give kind of w life. Do NOT use	ork done during	ATION most of working	16b	. KIND OF BUS			Le	\neg		
P	Elementary/Secondary (0-12)	College (1-4 or 5+)	Administ		n Acct		a comb	17.4.	1	0			
N	17. FATHER'S NAME (First, Middle, Last)		Admithits	LIALIO	18. MOTNER'S NA				SA 14. RACE—Black, W Specify: White Country of Dear (Management) 15. Zip Code) 17. Zip Code) 18. SIP Town, Wood, Management (Management) 19. Zip Code) 20. Zip Code) 21. Zip Code) 22. Zip Code) 22. Zip Code) 23. Zip Code) 24. Zip Code) 24. Zip Code) 24. Zip Code) 25. Zip Code) 26. Zip Code) 26. Zip Code) 27. Zip Code)	GOVE.			
Ö	Clifford W. Wood				Pearl			Solrierne)			- 1		
BE	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Str	net and Number or Rural			. State. Zip C			-		
2	Lawrence B. Luhrs		- 1		t Road					20817			
	20a. METNOD OF DISPOSITION 1 Burlet 2 X Cremetton 3 Remove	20b.	PLACE AND DATE O	F DISPOSITION		OAT							
	4 Donetion 5 Other (Specify)	For State	etery, crametory or oth	oln Cr	ematory	8/1	0 Bre	ntwoo	d. N	arvland			
	4 Doneston 5 Other (Specify) Fort Lincoln Crematory 8/10 Brentwood, Maryland 21. SIGNATURE OF UNERAL SERVICE LENSES / Hines-Rinaldi Funeral Home												
	norus (N.	Frant								2:03 RTHPLACE (State or Foreigning) nada F DEATH OMETY 10d. INSIDE CITY LIMITS? 1 YES 2 NO OF WHAT COUNTRY? ACE — American Indian, etc. pocify: nite Y al Govt. Approximate Interval Baty Onset and D 24h. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO 70 70 70 71 YES 2 NO 71 72 74 75 76 77 78 79 79 70 70 70 70 71 71 72 74 75 76 77 78 79 79 70 70 70 70 70 71 71 72 73 74 75 76 77 78 79 79 79 70 70 70 70 70 70 70			
	23. PART f. Enter the disesses, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest.												
	23. PAH1 1. Enter the diseases, or complications that ceused the desth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fallure. List only one ceuse on each line. IMMEDIATE CAUSE (Final Onset and Desth												
	disesse or condition	Massive S	Subarachi	oid H	morrhage								
	resulting in death) a.		CONSEQUENCE OF		emorrinage				-	24 1113	3.		
z	The second secon	Probable	Aneurysm	Rupt	ıre					1			
2	Sequentially list conditions, if sny, leading to immediate	OUE TO (OR AS A	CONSEQUENCE OF):									
CA	CAUSE (Disease or Injury C.	Hypertens											
	that initiated events	OUE TO (OR AS A	CONSEQUENCE OF	:									
CERTIFICATION	d.									-			
AL (PART II. Other significent conditions	contributing to death be	it not resulting li	the underl	ying cause given in	Part i.	24a. WAS AN						
5							1 YES 2		Secured Selection of Country Canada Country Canada Country Canada Country Canada Country Canada Country Canada Country Canada Country Canada Country Canada Country Canada Country Canada Country Canada Country Canada Country Country	COMPLETION OF CA	~		
MEC													
ž						_							
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			L PLACE OF OEATH (CI	heck only on	e)						
Š		1 Ainpetient 2 - ER/Outp	otient 3 🗆 DOA	OTHER:	ioma 5 🗆 Residenca	8 🗌 Othe	r (Specify)						
PH	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME		INJURY AT WORK?	28d. DES	CRIBE NOW I	JURY OCCU	RED				
BY	1 🖾 Natural 5 🗌 Pending 2 🔲 Accident Investigation			M 1	YES 2 NO								
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, st fy)	reet, fectory,	office		ATION (Street a	nd Number or	Rural Ro	oute Number,			
COMPLETED		IAN: To the best of my knowl											
Š	one) 2 MEDICAL EXAMINER	On the pasie of exemination	end/or investigation	, in my opinio	n, death occured at the	time, data	end place, and	dua to the	cause(a)	and menner as sta	ted.		
BEC	296. SIGNATURE AND TITLE OF CENTIFIER	6			29c. LICENSE NU	MBER		29d. DATE S	SIGNEO	(Month, Day, Year)			
TO B	D33584 August 9,									9, 1994	₄ [
	30. NAME AND ADDRESS OF PERSON WNO							,					
	Martin S. Rusinowi	tz 1201	Seven L	ocks l	Road Ro	ckvi	11e, M	arylaı	1d 2	0854]		
	31. DATE FILEO (Month, Day, Year)	32. HEGISTRABIE ŞIGNA	TURE Pande 82										
	AUG 1 1 1994	1											

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BALTIMORE, MARYLAND 21215-0020;	urs after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the burial-tran r removal.	redical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STA	TE OF MARYL	AND / DEPARTMENT			MENTAL	HYGIENE
		CERTIFICATE	OF DEA	ГН		REG. NO.

	1. DECEDENT'S NAME (Firs	t, Middle, Last)	Sa	ra H.		es	2 01	DLA		2. DATE OF DEA MONTH August	TH DAY	YEAR	3. TIME OF DEATH 8:32 P				
	4. SOCIAL SECURITY NUM 215-38-112		5. SEX	6. AGE (In yrs	. last birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRT (Month, Day, Ye May 19	Н	T	HPLACE (State or Foreign Ohio				
	99. FACILITY NAME (# not i					9b. CITY	_	OR LOCATI			9c, CO	UNTY OF					
	RESIDENCE OF DE	CEDENT											3				
	Maryland	MO	ntgomery		10c. CITY, TOWN OR LOCATION Damascus								10d. INSIDE CITY LIMITS? 1 YES 2 NO				
A	10e. STREET AND NUMBER 9220	Gue	Road		101. ZIP CODE 20872					10g. CITIZEN OF W							
	11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Div	Married	12. WAS DECEDER		R IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee If yee, specify Cuben, Mexican, Puerto Rican, etc.)												
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)				18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)						F BUSINESS/II						
Homemaker Own hom 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme)							me										
	17. FATHER'S NAME (First, Middle, Last) Walter C. DeWitt							16. MOT		ME (First, Middle, M a Mae G							
2	190. INFORMANT'S NAME (Type/Print) Marilyn L. Lohnes 19b. Mailing Adoress (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9220 Gue Road, Damascus, Md. 20872																
- 4	20e. METHOD OR DISPOSITION 20e. METHOD OR DISPOSITION 1 Burlel 2 Accementation 3 Removal from State 4 Donation 6 Other (Specify) Bethesda, Md.										own, State Md.						
	21. SIGNATURE OF FUNER.	AL SERVICE LI	Nolam	ath		(Olin		Mole	sworth,		Md.	20872				
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Lower GI bleeding DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								2 M								
	PART II. Other signific Malnut			death but n	ot resulting	In the ur	ndarlyin	g ceuse	given in	PE	AS AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO				
	Diabet									1 U Y	ES 2 NO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			ОТНЕ		LACE OF C	EATH (Ch	ick only one)							
ı	1 VES 2 NO		1 Inpetient 2		1 3 □ DOA 28b. TIR	4 🗆 Nur	rsing Hor	ne 5 X R	esidence	8 Other (Specify		COURTS					
	Y.	Pending Investigation	(Month, I	Day, Year)	IN	JURY M	1 🗆	YES 2	NO	28d. DESCRIBE I							
L	3 Suicide 6 4 Homicide	V home, farm,	street, fec	tory, offi	00		281. LOCATION (S City or Town,	itreet end Numi State)	oer or Rural	Route Number,							
	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end menner ee stated.																
	296. SONATURE AND TITL	10				2312		29d. D.		5, 1994							
	30. NAME AND ADDRESS O			1 Pr	ince	Phi	lip Dr.,	Olney	, Md	. 20832							
31. DATE FILEO (Morrin, Day, Year) AUG 0 8 1994 32. REGISTRAN'S SIGNATURE Julia Shukkan Registra																	

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lical availings must be notified at once	IMPORTANT If New 29 is marked or Hem 22 shows and Injury or other trainmatic event the medical evantions much he autitied at anno
emoval.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
by the funeral director, page 5 should be detached for it	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for it
after death. Page 6 may be retained by the hospital or	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nours after death. Page 6 may be retained by the hospital or
BALTIMORE, MARYLAND 21	DIVISION OF VITAL RECORDS, P.O. BOX 68760.

BY PHYSICIAN: MEDICAL CERTIFICATION

COMPLETED

BE

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Sequentially list conditions, if any, leading to immediate

cause, Enter UNDERLYING CAUSE (Disease or injury

that initiated events resulting in death) LAST

		1000											
										9	4	2497	7
	1 - STATE REGISTRAR	STATE OF					DEAT		MENTAL HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Mid	idle Last)							2. DATE OF DEATH			3. TIME OF DE	ATAL
			ert (NM	NMN) Lucas Aug. 4, 1994					YEAR	10 P.	M.		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDE	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		a. BIRTH	IPLACE (State or	Foreign
	233-10-3928	80	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec. 10, 1	.913	W.	Va.		
	9+. FACILITY NAME (If not institut			9b. CITY	, TOWN	OR LOCATI	ON OF OR	EATH	9c. COU	INTY OF D	DEATH		
DIRECTOR	Frederick Me	tal			Fr	ederi	.ck		F	rede	rick		
ᇣ		. COUNTY		100 017	Y, TOWN	00.1.004	TION						
<u>E</u>	Md.	Frederic	1.	100.01	r, IOWN							10d. INSIDE CI LIMITS?	IA
		rrederic	:K			M	idd1e	town	1			1 X YES 2	NO
4	10e. STREET AND NUMBER					10	1. ZIP COO	E		10g. CIT	IZEN OF	WHAT COUNTRY	r
FUNERAL	105 W. Green	St.					2	1769)	U.S	5.A.		
5	11. MARITAL STATUS	5000500	NT EVER IN U.S. AR		13.							E — Americen in k, White, etc.	dlan,
	1 Never Merried 2 X Merri 3 Wildowed 4 Divorced		1 T YES 2 ST NO Specific						Mr.				
B	3 Widowed 4 Divorced									White			
COMPLETED		NT'S EDUCATION hest grade completed)	(G	ive kind of	INT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY 16d of work done during most of working 16d use network 16d use								
91	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT u	se retired.)								
7	4			elec	tric	ian			coal c	:0.			
ÖΙ	17. FATHER'S NAME (First, Middle,	, Last)					18. MOT	HER'S NA	ME (First, Middle, Meiden	Surname)			
BE	Henry E	 Lucas 						Cora	Ewing				
	19e. INFORMANT'S NAME (Type/F	Print)	191	o. MAILING	ADDRES	S (Street	4		Route Number, City or Town	n. Stete 71	in Codel		
2	Helen M. Luc	as							dletown, M			9	
	200 METHOD OF DISPOSITION		20b. PLACE	NO DATE	OF DISPOS	SITION /N	ame of				City or To		
	XXBuriel 2 Cremation 3 4 Donation 5 D Other (Spe	cify)	Refo	rmed core					8/8 Midd	leto	wn,	Md.	
- 1	21. SIGNATURE OF FUNERAL SE	RVICE LICENSEE			22.	NAME A	ND AOORE	SS OF FA	CILITY	1	TT		
	> Juple 5	- () won po	Sn		3	1 E.	Mai	n St	mpson Fune ., Middlet	raı.	Md.	21769)
1	23. PART t. Enter the disee	sea, or complications the	et ceused the de	eth. Do	not enter	the me	ode of dy	ing, suc	h ea cardiec or respi	ratory ar	reat,	Approxi	
	shock, or haert	failure. Liet only one cer	use on each lina										Between
	iMMEDIATE CAUSE (Final disease or condition											Unset a	nd Death
	resulting in death)	a. Strol										100	eck
	THE PARTY OF THE P	OUE TO	OR AS A CONSE	DUENCE O	F):								

PART II. Other eignificant conditione contributing to deeth but not recuiting in the underlying ceuee given in Part i.

congostive heart

DUE TO (OR AS A CONSEQUENCE OF)

DUE TO (OR AS A CONSEQUENCE OF):

24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO 1 YES 2 NO

DID TOBACCO	USE C	ONTRIBUTE TO CAU	SE OF	DEA	TH YES NO							
25. WAS CASE REFERRED TO N		26. PLACE OF DEATH (Check only one)										
1 YES 2 XNO		HOSPITAL: Winpatient 2 ER/Outpatient 3										
	nding ratigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	E OF URY M	28c, INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED						
3 Sulcide 8 Co	uld not be	28e. PLACE OF INJURY — At hor building, etc. (Specify)	me, farm,	treef, fed	etory, office	281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)						

failure

29e. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and discalent dates and discalent dates.

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)

D17601

Michael & Rudman, M. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

RADMAN, MICHAEL 5. M.D. MIDDLETOWN

31. DATE FILEO (Month, Day, Year) 0 aug 1

32. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	MENT OF H	EALTH AND						
T.	1. DECEDENT'S NAME (First, Middle, Last)			0.	<u> </u>	2. DATE OF DEAT	1	DAY YEAR 3. TIM 1994 99 1996 6. BIRTHPLACE Country) MARYLA 9c. COUNTY OF DEATH MONTGOME 10d. M 10g. CITIZEN OF WHAT CO United Sta 9c. or No 14. RACE — Am Black, White Specify: W USINESS/INDUSTRY USINESS/INDUSTRY ING ING ING ING ING ING ING ING ING IN	3. TIME OF DEAT	н	
77	LOUIS	М.	LETHBR	IDGE				Number or Rural Route as eteted. Je S. BIRTHPLA B. BIRTHPLA B. BIRTHPLA COUNTY OF DEATH MONTGON 100 11 101 11 102 11 103 11 104 11 105 11 106 11 11 107 11 108 11 109 11 11 109 11 11 11 11	9:22	Рм	
- 1	4. SOCIAL SECURITY NUMBER	37	140	UNDER 1 YEAR	IF UNDER 24 HRS.	AUGUST 7, 1994 RS. 7. DATE OF BIRTH (MONTH, Dey, 1987) DEC. 9, 1906 RARYL F DEATH 10g. CITIZEN OF WHAT COUNTRY) SPANIC ORIGIN? (Specify Yea or No- axican, Puerto Rican, atc.) 16b. KIND OF BUSINESS/INDUSTRY FARMING S NAME (First, Middle, Malden Surname) VIE DISNEY United St. 16b. KIND OF BUSINESS/INDUSTRY FARMING S NAME (First, Middle, Malden Surname) VIE DISNEY Ural Route Number, City or Town, State, Zip Code) OATE 20c. LOCATION — City or Town, State, Zip Code) ATE 20c. LOCATION — City or Town, State, Zip Code) ATE 20c. LOCATION — City or Town, State, Zip Code) ATE 20c. LOCATION — City or Town, State, Zip Code) LAYTONSVILLE, MARYLAND Buch as cardiac or respiratory arrest, A (Check only one) 1 YES NO	PLACE (State or For	reign			
	579-07-4282 9e. FACILITY NAME (If not institution, give str	1 X M 2 □ F 8'	YRS.		R LOCATION OF DI						
OB	18024 NEW HAMPSH	HIRE AVENUE			SHTON	MONTGOMERY					
딦	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY, T	OWN OR LOCAT	ION				10d. INSIDE CITY		
DIRECTOR		OMERY		ASHTO	J				LIMITS?	NO	
FUNERAL	10a. street and number 18024 NEW HAMPSHI	DE ATTENDED		10f	ZIP CODE		10g. CITIZ	VEAR 994 8. BIRTHPL Country MARY Country Of DEA MONTGO 11 CITIZEN OF WH. Inited S 14. RACE 14. RACE 15. Specify: NSVILLE HOME MARYLAN arrest, 15 OCCUREO 16 OCCUREO 17 OCCUREO 18 OCCUREO 19 OCCUREO 10 OCCUREO 11	HAT COUNTRY?		
NE	11. MARITAL STATUS	12. WAS DECEDENT EVER I	MILE ADMED	1 40 1110 000		-					
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO		cify Cuban, Maxica	in, Puerto Ricen, atc.		Black	, White, etc.	n,	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	18a. DECEOENT'S USI	done during mo-	N st of working	16b, KIND OF	BUSINESS/INDI	USTRY			
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	itte. Do NOT use re FARMER	tired.)		FADA	TNC				
OM	17. FATHER'S NAME (First, Middle, Last)	0	TAIGHI		18. MOTHER'S NA					\dashv	
BE C	JOHN LETHBRID	GE			ANNI						
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (Street a	nd Number or Rural			Code)		\neg	
-	LOUISE B. LETHE	RIDGE	SAM	E AS #	10						
	20a. METHOD OF DISPOSITION 1 Burist 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	wal from State 20t	NION CEM	ISPOSITION (Na	me of	,		YEAR 994 S. BIRTHPL County) MARY COUNTY OF DEA MONTGO II CITIZEN OF WH. Inited S III III CITIZEN OF WH. III CITIZEN OF WH. Specify: Specify: SINDUSTRY FOR MARYLAN A STORY OCCUREO The Cause(a) a Lateled. In the cause(a) a Lateled. In the cause(a) a			
	21. SIGNATURE OF FUNERAL SERVICE LICE		A CELL	22. NAME AN	D ADDRESS OF FA	CILITY				\dashv	
	Muriel	A Dar	ker	POBox	5038 LA	AYTONSVIL	LE. MAI	R.YT.A	20882 ND		
	shock, or heart failure. I	List only one cause on e	A CONSEQUENCE OF):	enter the mo		h an cardiac or re	espiratory arre	eet,	Approxima Interval Be Onset and	tween	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL	PART II. Other significent conditions	contributing to deeth b	out not resulting in t	he underlylng	ceuse given in	PER	FORMED?		WERE AUTOPSY FIR AVAILABLE PRIOR TO COMPLETION OF COMPLETION OF DEATH?	AUSE	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF OEATH (Ch	eck only one)					
YSi	1 YES 2 NO	1 Inpatient 2 ER/Out		THER: Nursing Hom	Realdence	8 Other (Specify)					
	27. MANNER OF OEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ WO M 1 1	RK?	28d. OEŞCRIBE HO	W INJURY OCC	SULLE HOME ARYLAN A			
TED BY	2 Accident investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, atre- city)	ot, factory, office				or Rural R	loute Number,		
COMPLETED	and!) and manner as ab	Hed.	
8	296. SIGNATURE AND TITLE OP CERTIFIER		26	2	29c. LICENSE NUI			1	1	\dashv	
2	30. NAME AND AODRESS OF PENSON WHO	NOTE I	7 (Type, Pri	P /	DRIVE	E, OU	VEK.	MI	208	39	
	AUG 1 1 1994	32 ACCISTRADES SIGN Junia Davids	TATURE PANOLOR		-						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Page to filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

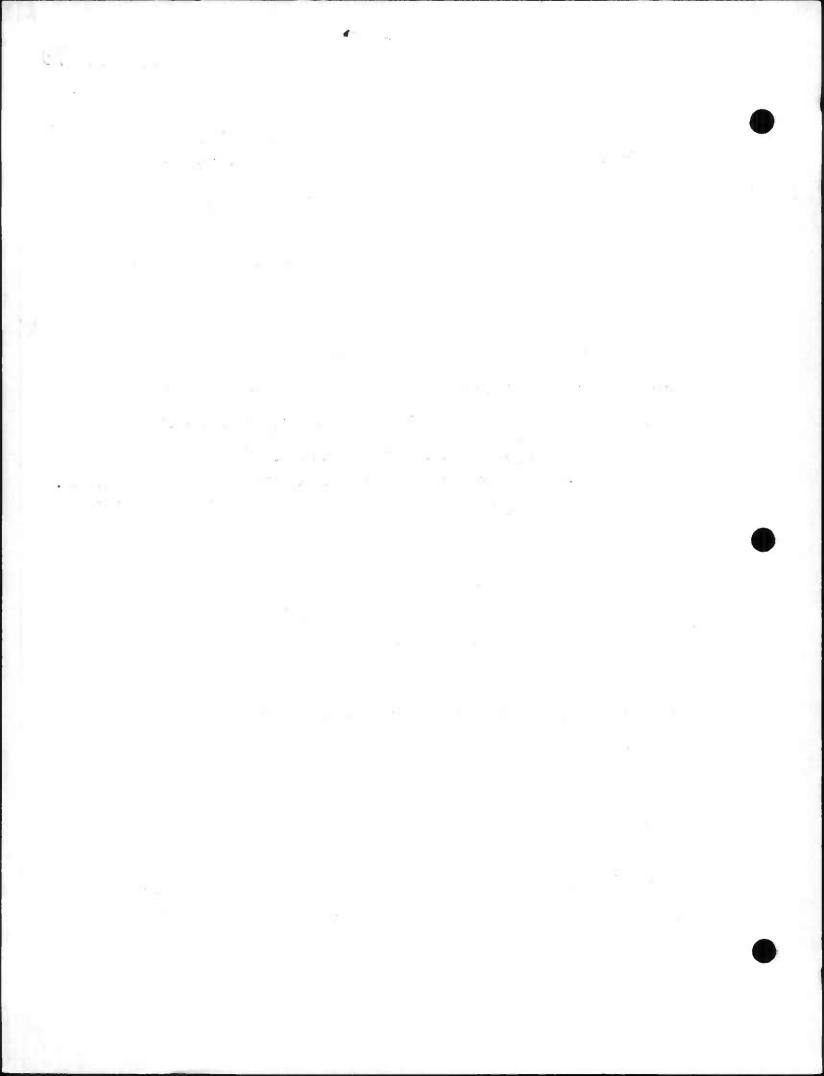
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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

	1 - STATE REGISTRAR	0 01 III.II.			F DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATN			3. TIME OF DEATN	
	VIOLET GRACE	E LESER				Aug. 1]	19	994	8:09 AM	М
	4. SOCIAL SECURITY NUMBER 5.	. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1	1994 8: 8. BIRTNPLACE COUNTY OF DEATH Harford 10d. 112 0g. CITIZEN OF WHAT C Englan No— 14. RACE — AND Black, White Specify: Win ESS/INDUSTRY TOPSY 24b, WERE AND OTY STTORY AND OTY STTORY TOPSY 24b, WERE AND OTY STTORY TOPSY 24b, WERE AND OTY STTORY AND OTY STTORY TOPSY 24b, WERE AND OTY STTORY AND OTY STTORY TOPSY 24b, WERE AND OTY STTORY TOPSY 24b, WERE AND OTY STTORY AND OTY STTORY TOPSY 24b, WERE AND OTY STTORY AND OTY STTORY TOPSY 24b, WERE AND OTY STTORY AND OTY STTORY TOPSY 24b, WERE AND OTY STTORY AND OTY STTORY TOPSY 24b, WERE AND OTY STTORY AND OTY STTORY TOPSY 24b, WERE AND OTY STTORY TOPSY 24b,		lan
	\$05 482853663 1	□ M 2357F 88	R YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	AV 1994 8: (1994 8: (1994 8: (1994 8: (1994 8: (1995 England 100, In 100	γ)		
	9a. FACILITY NAME (If not institution, give street			Oh CITY TOWN	OR LOCATION OF DE			994 8: 8. BIRTINPLAN COUNTY) Englan ITY OF DEATH AIT OF		
œ	Fallston General H					AIH				
2	RESIDENCE OF DECEDENT	ospitai			Fallston		Ha	arto	rd	
EC	10e. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOC	ATION				10d, INSIDE CITY	
뜻	Maryland	Harford			Bel Air				LIMITS?	
	10a, STREET AND NUMBER			Т	101. ZIP CODE	 	40. 0.70	2511 05 11		
RA	1205 Midwood Cour	+				4	log. Cira			
FUNERAL DIRECTOR					2101					
교	1 Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO		ECENDENT OF NISPAR specify Cuban, Maxica		or No—	S. BIRTINPLACE (SIN COUNTRY) B. BIRTINPLACE (SIN COUNTRY) England 9c. COUNTY OF DEATH Harford 10d. INSI 11/2 YES 10g. CITIZEN OF WHAT COUNTRY England Or No- 14. RACE — Americal Black, White, et Specify: White White NESS/INDUSTRY White Stete, Zip Code) 2 21014 ATION — City or Town, Stete West Chester, eral Home, P. Condon, Md. Bitory arrest, Application on the Country arrest, Interest of Death On: On: ON On Other Country August 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 Americen Indian White, etc. 	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 🗆 Y	ES 20 NO Specif	y:			fy:	
	15. DECEDENT'S EDUCAT	100							willte	
1	(Specify only highest grade con	npleted)	16a. DECEDENT'S (Give kind of ville. Do NOT us	work done during :	TION most of working	166, KIND OF BU	SINESS/IND			
٦	Elementary/Secondary (0-12) (College (1-4 or 5+)								
COMPLETED			1	Iomemak	_					
8	17. FATHER'S NAME (First, Middle, Last)	D-11				ME (First, Middle, Maiden	Sumame)			
BE	Harry u/k	Batten				/				
2	19a. INFORMANT'S NAME (Type/Print)							Code)		
-	Tadeusz Leser		1205	Midwood	d Court, 1	Bel Air, M	d. 2	1014		
	26a. METHOD OF DISPOSITION 1 Burtal 2X Springtion 3 Remove	today State 20b.	PLACE AND DATE	OF DISPOSITION	Nama of	DATE 20c. LO	CATION —	City or To	wn, State	
	4 🗆 Donation & 🗇 Other (Specify)	// / / R	A Ferr	iner place)	o., Inc.	8/12/94	West.	Ches	ster. PA	
- 1	21. SIGNATURE OF PUNGRAL SERVICE LICEN	#/////		22. NAME	AND ADDRESS OF FA	CILITY				
- 1	► XXXIIXIAIAI	V 1/1/1	1111014							
_	1100000	V./C(A	40 G G G G G G G G G G G G G G G G G G G	1317	Cokesbur	Road, Ab	<u>ingdo</u>	n, M	d. 2100	9
	23. PART Enter the diseases or com shock, or heart failure. Lis	t only one cause on er	the death." Do r	not enter the r	node of dying, auc	h aa cerdiec or reap	iratory am	est,	Approximate Interval Bet	
	IMMEDIATE CAUSE (Final	I							Onset and I	
	discess or condition resulting in death)	Myastheni DUE TO (OR AS A	a Gravis	3						
	,	DUE TO (OR AS A	CONSEQUENCE O	F):						
z		Nephrolit	heasis				Sc. COUNTY OF DEATH Harford 10d. INSIDE LIMITS 11 YE YES 10g. CITIZEN OF WHAT COUNT England If y Yes or No— 14. RACE — Americe (c.) Specify: White etc. Specify: White Or Town, Stete, Zip Code) Md. 21014 Dc. LOCATION — City or Town, Stete West Chester, Funeral Home, P. Abingdon, Md. 2 reapiratory arrest, Apprinter Onse AMAILABLE TO OF DEATH? 1 YES Street and Number or Rural Route Number State) Street and Number or Rural Route Number State) Street and due to the cause(e) and menner 29d. DATE SIGNED (Month, Day,	_		
은	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):						
3	cause. Enter UNDERLYING CAUSE (Disease or injury	Deys Vein	Thrombo	sis, R	ight leg					
CERTIFICATION	thet initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):						
E	resulting in deeth) LAST	Recurrent	Urinary	Tract	Infection	ns				
	DART II Other clealificant conditions							-		
DICAL	PART II. Other algnificent conditions of					Part i. 24a. WAS AN PERFOI		24b.	. WERE AUTOPSY FINE AMAILABLE PRIOR TO	
8	Urostomy 20 to C	ystectomy i	or blade	ler car	cinoma	1 YES :	NO NO		COMPLETION OF CAL OF DEATH?	JSE
ME									1 YES 2 NO	
	DID TOBACCO USE CO	NTRIBUTE TO	CAUSE OF	DEATH	YES NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Ch	eck only one)				
잃		OSPITAL: ☐ Inpatient 2 St ER/Outp	etlant 3 DOA	OTHER:	01					
ΞI	27. MANNER OF DEATN	28e. DATE OF INJURY	28b. TiM		ome 5 Realdence		IN ILIBA UCC	TIPED		
	1 🔀 Natural 5 🗌 Pending	(Month, Day, Year)		URY	WORK?	200. DESCRIBE NOW	INJUNT OCC	ONED		
BY	2 Accident Investigation	20. DI ACE OF IN HIDY	A. b 1		YES 2 NO					
品	3 Suicide 8 Could not be 4 Nomicide determined	28e, PLACE OF INJURY building, atc. (Spec	- At nome, term,	street, factory, of	fice	28f. LOCATION (Street City or Town, State	and Number)	or Rural F	Route Number,	
COMPLETED							Epecify Yes or No— 14 In, etc.) NO OF BUSINESS/INDUS Re, Maiden Surname) Carter City or Town, Stete, Zip Co r, Md. 21 20c. LOCATION — City 4 West C IIFuneral Abingdon or respiratory arrest a. WAS AN AUTOPSY PERFORMEO? YES 2 NO ON (Street and Number or Own, State) a) and manner as stated. 3 piaca, and due to the co 29d. DATE S Aug			
7	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIA	N: To the best of my knowl	ledge, death occurr	ed at the time, de	nte and place, end due	to the cause(a) and ma	nner as state	ed.		
8) and manner ee stat	ad.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI					
BE	AMannal	cowil	Mo		The Course No.	c. 01-	PAN 1994 8:09 ITN		0.4	
2	36. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DE	ATH //TEM AT /7	Period\	1)00	074		t 12, 19	94	
	Andrew Nowakowski,				el Air, Ma	oraland a	1014			
				DL., DE	T ATT, ME	LYLAIN Z	1014			
	31. DATE FILED (Month, Day, Year) AUG 1 5 1994	32 REGISTRAR'S SIGNA	ATURE							
	ΔUG 1.5 1994	Helia d'autices	rabball							

DHMH-16 Rev 1/89



		1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.													
		1. DECEDENT'S NAME (Firs	st, Middle, Last	R			MYE	75			2. DAT	Aug 10		YEAR	3. TIME OF DEATH 6:25 pm
		4. SOCIAL SECURITY NUM 214-36-80		5. SEX 1 M 2 F	6. AGE (1	in yrs. last	birthday) YRS.	IF UNDER 1 Y	EAR AYS	IF UNDER 24 HRS. HOURS MIN.	7. DAT	E OF BIRTH oth, Day, Year)		a. BIRTH Countr	PLACE (State or Foreign y)
3 should		9a. FACILITY NAME (If not		street and number)	31			9b. CITY, TO	O NWO	R LOCATION OF DE		D. <u>9</u>		NTY OF D	
7. 2.	CTOR	Saint Josep		ital				Тс	SWC	on, Maryi	and		E	altim	one
- See	H.	10a. STATE	10b. COUN				t0c. CIT	Y, TOWN OR	LOCAT	ION					10d, INSIDE CITY LIMITS?
	0	MD		arroll	Union Bridge							1 YES 2 NO			
1	RE .	100. STREET AND NUMBER					10f. ZIP CODE						VHAT COUNTRY?		
1/4	寥	100 Georg	ge St			21791								ited	States
nding and as the	BY FB	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Div	Married	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN YES R OR DA	N U.S. ARMED 2. NO 13. WAS DECEMBENT OF HISPY 15 yea, specify Cuben, Maxic 1 YES 2 NO Spec					laxican, Puarto Rican, etc.) Black, Whi				E — American Indian, c, Whita, atc. The white
attending	ED	15. DE	UCATION to completed	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					1	Sb. KIND OF BU	JSINESS/IND	USTRY			
5 5	COMPLET	Elementary/Secondary		le completed)			Do NOT us	vork done dun se retired.)	ng mos	st of working					
hospital ached to				2				ceepe	r			tax	servi	ice	
g de fa		17. FATHER'S NAME (First, I				70.7		18. MOTHER'S NA							
3 6 6 C	BE (C. Roscoe		rs						Mildre	2d 1	Marie	Lowe	3	
retained 5 should notified	0	19a. INFORMANT'S NAME (.,			t9b.	MAILING	ADDRESS (S	treet ar	nd Number or Rural F	Poute Nu	mber, City or To	wn, State, Zip	Code)	
ay be re page 5	-	Debbie My	ers			1	00 (Georg	е	Street,	U	nion :	Bridg	ge,	MD 21791
BALLIMORE after death. Page 6 may by the funeral director, pa noval. cal examiner must b		20b. PLACE AND DATE OF DISPOSITION (Name of Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Specify) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State													
with burs with cremation or reremation. or revent, the media		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory strest, ahock, or heart failure. List only one cause on each line. Approximate interval Bet												Approximate Interval Between Onset and Death	
the certificate be execute tending physician and coal Hygiene prior to burian or other traumatic	CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reculting in deeth) LAST b.NECROTIZNG PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.												2weeks	
requires that the sen signed by the of Health and M shows any Inji	MEDICAL												WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES NO		
	PHYSICIAN:	25. WAS CASE REFERRED	TO MEDICAL	T	-				28. PL	ACE OF DEATH (Che	eck only	nge)			
SICIAN: The certificate h the State I to ar Item	Sic	EXAMINER?		HOSPITAL:	EB/Outo	ntiont 2	DOA	OTHER:							
PHYSICIAN: The this certificate h with the State Cirked, or Item	Ě	27. MANNER OF DEATH		28a. DATE OF II	NJURY	ationt 3	28b. TIM		_	S Realdence		er (Specify)	INJURY OC	CURED	
After this death with	ВУ Р	Natural 5 _	Pending Investigation	(Month, Day	, Year)		INI	M M	WOI	RK? 'ES 2 NO	200. D	LOCKIBL HOW	INSORT OCC	JOREO	
THEN THEN 28 I SE I SE I SE I SE I SE I SE I SE I S	ETED	2 Accident 3 Sulcide 8 Could not be building, atc. (Specify) 28a. PLACE OF INJURY — At home, farm, streat, factory, office City or Town, State) 28b. LOCATION (Street and Number or Rural Route Number, City or Town, State)													
TAL OR AL DIRI	COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beat of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the beat of samination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.													
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: If	TO BE C	29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8 0 - 94										(Month, Day, Year)			
	, pr. 3	30. NAME AND ADDRESS C	F PERSON W	HO COMPLETED CALLEE	OF DEA	TH STEM	27) /Sma	Deint1							

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FRANCIS KHOO M.D., 7620 YORK ROAD TOWSON, MARYLAND 21204

31. DATE FILED (Month-Day, Year) 4 June 32. REGISTRAP: Selenature

AUG 1.5 1994

U.S. S.

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Land Supervises

District from

SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE SE

Alberth & Ass

MOW_SATEMENTORSES

SPULIA LIAN NE COTONA 11 APTERY DISEASE

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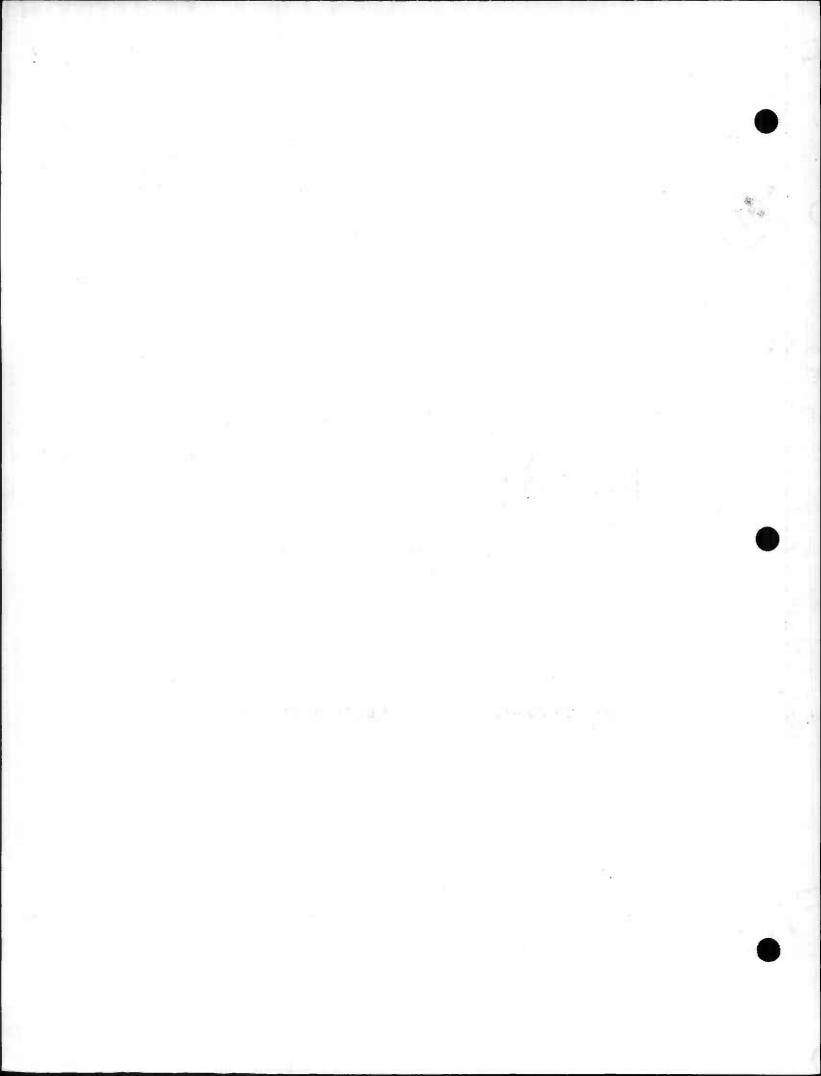
BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physici d in by the funeral director, page 5 should be detached for use as the burlat-tal	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-the find within 20 hours after death with the Case Dear of Health and Marmal Mariane nice to burial community or removal.	be med writing to mous and occur with the controlled of the contro

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC				GIENE				
1. DECEDENT'S NAME (First, Middle, Last)	ELSIE MARII	E MATHIAS			2. DATE OF DE	10°	94 7:30 A			
4. SOCIAL SECURITY NUMBER 218-76-6946	5. SEX 8. AGE (I		ONDER 1 YEAR ONYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIL (Month, Day, 5/7/19		8. BIRTHPI Country) Mary	LACE (State or Foreign		
9a. FACILITY NAME (If not institution, give	street and number)	96	R LOCATION OF DE	EATH	9c. COU	NTY OF DEA	ATH			
8338 Rocky Ridge	Road	R	ocky R	idge		Fr	ederi	ck		
RESIDENCE OF DECEDENT 10e, STATE 10b, COUNT	ry	10c CITY TO	OWN OR LOCAT	ION			T.	IOd. INSIDE CITY		
Maryland Frede		1,	y Ridg					LIMITS?		
10e. STREET AND NUMBER	TICK	ROCK		ZIP CODE		10a CIT	1 YES 2 NO			
8338 Rocky Ridge	Road			21778				S.A.		
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	NC ORIGIN? (Spe	14. RACE — American Indian, Black, White, etc.				
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2X NO ITES	If yes, sp	2 X NO Specifi	n, Puerto Rican,		Black, Specify:			
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done durina ma		16b. KIND	OF BUSINESS/INI	DUSTRY			
11 years	College (1-4 or 5+)	Homemak	er							
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle,	Maiden Surname)				
Ludwig Hausner				Carri	e Kombe	er				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street a	nd Number or Rural i	Route Number, Cit	ty or Town, State, Zij	Code)	23, 10, 10,		
Melvin R. Mathia	IS	8338 Ro	cky Ri	dge Road	Rocky	Ridge,	Mary1	and 21778		
20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Rer		PLACE AND DATE OF D	SPOSITION (Na			20c. LOCATION -				
23. PART L Enter the diseases, or complications had caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arreat, about one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other significant condition	dna contributing to desth be	ut not resulting in ti	ne underlyln	r cause given in	WAS AN AUTOPSY PERFORMED? YES 2 NO	VERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)					
1 TES 2 NO	1 Inpatient 2 ER/Outp	etient 3 DOA 4	HER: Nursing Hom	· ·	6 Other (Spe	cify)				
27, MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WC	URY AT RK? 'ES 2 NO	28d. DESCRIBI	E HOW INJURY OC	CURED			
1 Natural 5 Pending Investigation										
3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, stree ify)	t, factory, offic		28f. LOCATION City or Yow	I (Street and Numbe m, State)	r or Rural Ro	ute Number,		
	SICIAN: To the best of my knowl							and manner as stated		
295. SIGNATURE AND TITLE OF CERTIFY	though a Cos	not and		29c. LICENSE NUI	MBER 76/	29d. DA1	E SIGNED (1	Monthy Day, Year)		
30. NAME AND ADDRESS OF PERSON W Brian M. O'Conno	r MD 501 Wes	t Seventh		Freder	ick, Ma	ryland 2	21701			
31. DATE FILED (Month, Day, Year) AUG 1 2 199	32. REGISTRAR'S SIGN	LOT RONGER				,		TAIT		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. 80X 68760

	1 - FOR STATE OF REGISTRAR	MARYLAND	/ DEPART	MENT OF I	HEALTH AND	MEN	TAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Lest)						ATE OF DEATH			3. TIME OF OEATH		
	Margaret Ann Malay-Aal	to				V 1	aust DA	9	94	0140 m		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. I		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. D	TE OF BIRTH		8. BIRTH	IPLACE (State or Foreign		
	221-30-4947 1 D M 2X F	47	YRS.	ONTHS DAYS	HOURS MIN.	1	l / 15 / 194	6	Wilm	ington, DE		
~	9a. FACILITY NAME (If not institution, give street end number)			9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COU	INTY OF D			
5	Union Hospital			Elk	ton			Cec	eil C	ounty		
EC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION					10d. INSIDE CITY		
DIRECTOR	Maryland Cecil		E	arlevil	le					LIMITS? 1 YES 2 THO		
AL	10e. STREET AND NUMBER				f. ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?		
FÜNERAL	21 Hacks Point Road				21919				USA			
جُ	FOROTOR	ENT EVER IN U.S. A			CENDENT OF HISPA			or No-	14. RACE	E — American Indian, k, White, atc.		
B∀		WAR OR DATES			2 X NO Speci		no recant, arc.)			White		
	15. DECEDENT'S EDUCATION	16a D	ECEDENT'S II	SUAL OCCUPATI	ON		16b. KIND OF BUS	IMEGO (INI		vnite		
COMPLETED	(Specify only highest grade completed)	(iii		rk done during me			100. KIND OF BUS	INC35/IN	DUSTRY			
7	Elamentary/Secondary (0-12) College (1-4 or 12)		Office	Manage	er		Law	Fir	m			
8	17. FATHER'S NAME (First, Middle, Last)					AME (Fil	st, Middle, Maiden					
BE C	Lee T. Krauss				Anna	Kel	lum					
10	19a. INFORMANT'S NAME (Type/Print)	1	9b, MAILING A	ODRESS (Street	and Number or Rural	Route N	lumber, City or Town	n, State, Zij	p Code)			
-	Matti J. Aalto – Husband	2	1 Hac	ks Poin	t Road,	Ea	rleville,	Mai	rylar	nd 21919		
	20a. METHOO OF DISPOSITION 1 Burial 22 Cremation 3 Removal from State	20b. PLACE cemetery_c	E AND OATE OF	DISPOSITION (N.	ame of	1			City or To			
	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL-SERVICE LICENSEE	_ Hock	essin	Cremat			12 Hoc	ckes	sin,	Delaware		
	Tan 4			Spicer	nd address of fa -Mulliki	n F	uneral	Home	es.In	ic.		
	Hanvey C. Smith, Jr	•		1000	N. DuPo	nt	Pkwv	New	Cas	tle, DE 19720		
	23. PART i. Enter the diseases, or complications to shock, or heart fallure. List only one complete the shock of the shock	net caused the dause on each lin	leath. Do no le.	t enter the mo	ode of dying, suc	ch ea c	ardlec or respli	ratory ar	reat,	Approximate Interval Between		
	IMMEDIATE CAUSE (Final		. 1	1.	,					Onset and Death		
	resulting in death) a. //yocardial Infanction											
	DUE/TO JOR AS A CONSEQUENCE OF:											
CERTIFICATION	Sequentially list conditions, Due to on as a consequence of:											
SAT	cause. Enter UNDERLYING											
Ĕ	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
ᇤ	resulting in death) LAST		8									
AL C	PART II. Other significent conditions contributing	to deeth but not	resulting in	the underlyin	a ceuse given in	Part I	. 24a, WAS AN	AUTOPSY	24h	. WERE AUTOPSY FINDINGS		
CA					•		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
입							1 TYES 2	NO NO		OF DEATH?		
=	DID TOBACCO USE CONTRIBU	TE TO CAL	USE OF	DEATH	YES I NO	0 [1			1 123 2 100		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. P	ACE OF DEATH (C)		y one)					
VSI(HOSPITAL	☐ ER/Outpatient		OTHER: Nursing Hore	ne 5 🗆 Residence	6 🗆 C	ther (Specify)					
H	27. MANNER OF DEATH 26s. DATE (Month,	Day, Year)	26b. TIME INJU		JURY AT	26d.	DESCRIBE HOW IN	JURY OC	CURED			
B	Natural 5 Pending 2 Accident Investigation				YES 2 NO	L						
	3 Suicide S Could not be 4 Homicide determined	OF INJURY — At h g, atc. (Specify)	oma, larm, atr	eet, factory, offic	a	26I, L	OCATION (Street a City or Town, State)	nd Numbe	r or Rural F	Route Number,		
<u>u</u>	and Centraling											
MP I	(Check only CERTIFYING PHYSICIAN: To the best											
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of	axamination and/or	r investigation,	In my opinion, o	leath occured at the	time, c	data and place, and	d dua to ti	he cause(a) and menner as stated.		
H	296. SIGNATURE AND TITLE OF CERTIFIER	/			29c. LICENSE NU	MBER	/	29d, DAT	E SIGNED	(Month, Day, Year)		
2	30 YAME AND ADDRESS OF PERSON WHO COMPLETED CA	LOYA	10		1239	15		_	8-	7-77		
	RAPHAPA A	OSE OF DEATH (IT)	EN 27) (Type, P	rint)	1.1 11		· ·	6-	11	1 m		
		RAR'S SIGNATURE	1.1/-	///	W. D.	gr	1 QT	-	1/	180 1110		
		Davidson-A	andell									
	0								· -	OHMH-16 Rev 1/89		



S, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-00:	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending ph	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bube filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cer	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fill be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or o

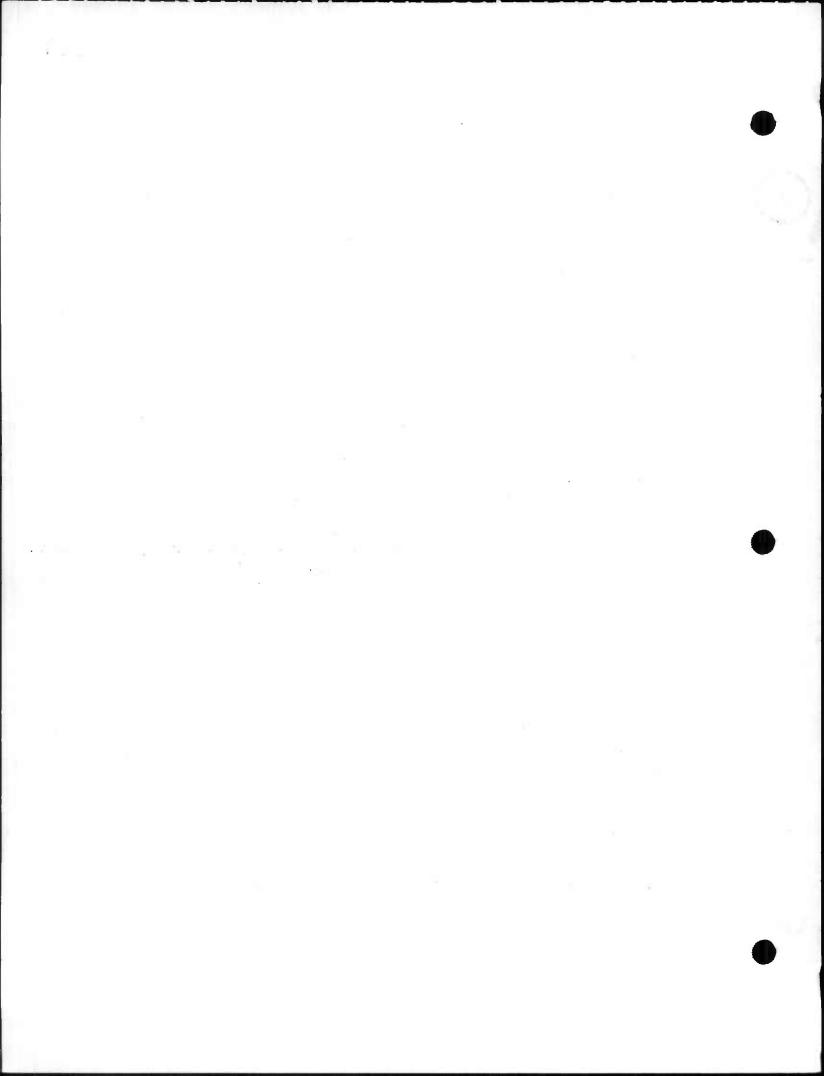
	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL	HYGIEN	E				
	1. DECEOENT'S NAME (First, Middle, Last)	7				2. DATE C	OF DEATN		3.	TIME OF DEATH		
	KATHERINE	E	1	1: 11er		Au		3.199	AR .	230/ W		
			yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	Day, Year)	0.	BIRTNPL.	ACE (State or Foreign		
	203 30 1331	1 □ M 2 🔀 F 87	YRS.		180	Decem	ber 27,	1906	Conne	ecticut		
œ	9a. FACILITY NAME (If not institution, give stre	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
DIRECTOR	PENINSULA REGIONA RESIDENCE OF DECEDENT	L MEDICAL CE	ENTER	SALISE	URY			WIC	OMIC	CO		
H	10a. STATE 10b. COUNTY		0.00	, TOWN OR LOCAT	ION			10	d, INSIDE CITY LIMITS?			
		comico	Sa	lisbury				YES 2 NO				
FUNERAL	100. STREET AND NUMBER 114 W. Fairfield	D		101	ZIP CODE					AT COUNTRY?		
NE.		DI	II S ADMED	12 WAS DEC	2 180 1 ENDENT OF NISPAN	uc obichis	/ / / / / / / / / / / / / / / / / / /	USA				
	1 Never Married 2 Married	FORCES? 1 YES	2 XNO	If yes, spe	city Cuban, Maxical	n, Puerto Ri	(Specify Yas lcan, etc.)	or No- 14.	Black, V	- American Indian, Yhita, atc.		
BY	3 K Widowed 4 Divorced			1 1 123	2 HO Specify	,.		1	Specify	e		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION ompleted)	16a. DECEDENT'S (Give kind of v	USUAL OCCUPATION done during more retired.)	IN st of working	16b.	KIND OF BUS	INESS/INDUST	FRY			
Ä	Elementary/Secondary (0-12)	College (1-4 or 5+)					-61 - 1 3					
M	17, FATNER'S NAME (First, Middle, Lest)		Secret	ary	18. MOTNER'S NA		4	c Chui	cch			
	John (unk) Rams	sev			Cather		unk (enno	n		
BE	19a. INFORMANT'S NAME (Type/Print)	,,	19b, MAJLING	ADDRESS (Street a	nd Number or Rural F		,	.,				
2	Robert John Miller	r	1		ield Dr.					1		
	20a. METNOD OF DISPOSITION 1 A Buriel 2 Cremellon 3 Remov	206.	PLACE AND DATE (F OISPOSITION (Na				CATION — City				
	4 Donation 5 Other (Specify)	Ва	ptist Ce	metery		8/6	Had	derfi	eld,	NJ		
	21. SIGNATURE OF FUNDMAL SERVICE LICES	estel and		22. NAME AN	oway Fur	cility neral	Home					
	Wan I	toller, 72	-		Snow Hil			ishury	v M	ת 21801		
	24 PART I. Enter the diseesea, or co ahock, or heart failure. Li	mplications that caused	the death. Do n	ot enter the mo	de of dying, auci	h aa cardi	ac or reapl	ratory arrest	,	Approximate		
	IMMEDIATE CAUSE (Final		crynna.							Oneet and Daath		
	disease or condition resulting in death) e. SEPSIS											
	DUE TO (OR AS A CONSEQUENCE OF):											
NO N	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
ξ	If any, leading to immediate cause. Enter UNDERLYING											
립	CAUSE (Disease or Injury thet initiated eventa	DUE TO (OR AS A) :								
CERTIFICATION	reaulting in death) LAST											
	PART II. Other significant conditions	contributing to death bu	it not raeulting i	n the underlying	cause given in	Part i	24s. WAS AN	ALITOPSY	24b W	ERE AUTOPSY FINDINGS		
CAL			The tabanting t	in the undarrying	Cause given in	rant i.	PERFOR	MED?	AV	AILABLE PRIOR TO OMPLETION OF CAUSE		
						-	1 TYES 2	AL NO	O	F DEATN?		
Σ						-			,	YES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Ch	eck only one	1)					
SIC		HOSPITAL:	itlent 3 🗆 DOA	OTHER:	e 5 🗆 Residence	6 Other	(Specify)					
Ä	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b, TIM	E OF 28c. INJ		_		NJURY OCCUR	ED			
BY	1 Natural 5 Pending 2 Accident Investigation				rES 2 NO							
	3 Suicide 8 Could not be 4 Nomicide datermined	28s. PLACE OF INJURY - building, etc. (Specia	— At home, Jarm, s	treet, lectory, offic		281. LOCA City o	TION (Street a	and Number or i	Rural Rout	te Number,		
							- 141					
COMPLETED		AN: To the beat of my knowle										
8	2 WEDICAL EXAMINER:	On the basis of examination	and/or investigatio	n, in my opinion, d	eath occured at the	lime, data	and place, an	d due to the c	ause(s) a	nd manner as atated.		
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	101 /	y 1		29c. LICENSE NUN			29d. DATE SI	ONED (M	lonth, Day, Year)		
10	100000	m,	0.		D291	29168 8/4/94				4		
	30. NAME AND ADDRESS OF PERSON WNO ROBERT Allen	M ()			ide Dr	A20	4 5	alisha	eres	Md.		
	AUG 05 1994	32. REGISTRAR'S SIGNA	TURE Andall						,			

	25 1	1.564
Marian Con	N Go.	permit.
020	physician.	the funeral director, page 5 should be detached for use as the bunal-transit permit
1215-0	or attending	use as the
BALTIMORE, MARYLAND 21215-0020	tter death. Page 6 may be retained by the hospital or attending physician.	detached for
7	by	pe
MAR	retained	5 should
Ä,	ay be	page
MOF	д 9 обе	director,
ALTI	death. P	funeral
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fter death. Page 6 may be retained by the hospital or attending phy	il director, page 5 should be detached for use as the bur	ner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the but be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIENE REG. NO.	·					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF OEATH				
	GERTRUDE	MEDW	iN			AUG 9	94	5:00 A M				
	4. SOCIAL SECURITY NUMBER 5	8. BIRT	HPLACE (State or Foreign									
	000-32-0134	□ M 2 🔀 F 93	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 9-18-1900	Rus	sia :				
~	9e. FACILITY NAME (If not institution, give stree	t and number)	9	b. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNTY OF	DEATH				
DIRECTOR	11435 Monterrey Dr.		S	Silver S	pring		Montgomery					
JEC.	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION		10d. INSIDE CITY					
	Md. Montgo	mery	Rockv	rille			ty YES 2 NO					
MA	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?				
FUNERAL	6111 Montrose Rd.				0852		USA					
	11. MARITAL STATUS 1: 1 Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	If yes, spe	cify Cuban, Mexical	HC ORIGIN? (Specify Year n, Puarto Rican, etc.)	or No- 14. RAC Blac	E — American Indian, k, White, atc.				
ΒY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT	res	1 🗌 YES	2 NO Specify	τ;	Spec	White				
COMPLETED	15. OECEDENT'S EDUCAT (Specify only highest grade cor	ION Troleter()	16a. DECEDENT'S US	SUAL OCCUPATION done during mo.	N	16b. KIND OF BUSI	NESS/INDUSTRY					
		College (1-4 or 5+)	life. Do NOT use i	retired.)	st or working							
MP	8		Housewi	.fe		Own H	ome					
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden S	urname)					
BE	Benjamin Sosonsk	cy	195 MAILING AL	DODESS (Street o		Twersky Route Number, City or Town,	O . T O					
2	Beatrice Katz					lver Sprin		20902				
	20e. METHOD OF DISPOSITION	20b. I	PLACE AND DATE OF	DISPOSITION (Na	me of		ATION — City or To					
	1 Nursel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	Mt	tery, crematory or other Lebanor	n Cemete	ery	Ade	lphi, Mo					
	21. SIGNATURE OF FUNERAL SERVICE LICEN	-			D ADDRESS OF FAC							
	> Eluar Dug	el		1091 H	a Sagel r Rockville	Tuneral Dir	ection kville,	Md. 20852				
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
AL	PART II. Other significant conditions of	ontributing to death bu	t not resulting in	the underlying	ceuse given in i	Part I. 24a. WAS AN A PERFORM	IED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE				
PHYSICIAN: MEDIC								OF DEATH? 1 YES 2 NO				
Ä	DID TOBACCO USE CONTRIB				UNCERTAIN	1 🗆						
2		OSPITAL:	6. PLACE OF DEATH	THER:	./							
ΤΥS	1 YES 2 NO 1	☐ Inpetient 2 ☐ ER/Outpet 26e. DATE OF INJURY	tlent 3 DOA 4	☐ Nursing Home	5 Residence							
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	M 1 N	RK? ES 2 NO	26d. DESCRIBE HOW IN.						
ETED	3 Suicide 6 Could not be determined	building, etc. (Specify	— At home, ferm, atre	eet, factory, office 261. LOCATION (Street City or Yown, State			d Number or Rural i	Route Number,				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAL (Check only one)	N: To the best of my knowled On the bests of examination						e) end menner as stated.				
TO BE C	290, GENATURE AND TITLE OF CERTIFIED	Senge	tell	mo	29c, LICENSE NUM D/2		29d. DATE SIGNED	(Month, Day, Year) 0-94				
	20, NAME AND ADDRESS OF PERSON WHO C	DEAT	TH (ITEM 27) (Type, Pr	int)								
	31. DATE FILEDWAPPING DOL. YEAR 1994	32 JERNANDE HOLSE	WE fandell									



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	7	REGISTRAN	_		_	CENTIF	ICA	ILE OI	DEA	ın		REG. NO.				
	١	1. DECEDENT'S NAME (First, Middle,	Last)	Panal		MATN C-			2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH							
	ŀ	Joseph 4. SOCIAL SECURITY NUMBER		Frank		MAIN rs. last birthday)								1:00 pm		
		554-36-2397		1 🙀 M 2 🗆 F		6 YRS.	MONT		HOURS	MIN.	Oct 16	, 19	07	Country	ryland	eign
1	. [9e. FACILITY NAME (If not institution,	_	,			9b, C	CITY, TOWN	OR LOCATI	ON OF DE				NTY OF DE	ATH	
- 1	5	102 West Colle		Terrace				Fr	ederi	ick_			F	'rede	rick	
No.	į ľ	10a. STATE 10b. C				10c. CI	Y, TOW	VN OR LOC	ATION						10d. INSIDE CITY	-
		Maryland 1	rec	derick			Fre	ederi	.ck						LIMITS?	NO 0
	4	10e. STREET AND NUMBER		-				1	of, ZIP COD	E			10g. CITI	ZEN OF W	HAT COUNTRY?	
يِّ ا		102 West Colle								L701				U.S.	Α	
FINEDA		11. MARITAL STATUS 1 Never Married 2 Merried		12. WAS DECEOEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S	S. ARMED		It yes, s	specify Cubi	ın, Mexica	IIC ORIGIN? (S n, Puerto Rice	Specify Yes in, etc.)	or No-	14. RACE Black	— Americen indier White, etc.	n,
2		3 X Widowed 4 Divorced		Navy- Wo				1 YE	S 2 X NO	Specify	<i>r</i> :			Specif	White	- 1
1 11		15. DECEDENT'S (Specify only highest	grade c	ATION ompleted)	18	a. DECEDENT'S	work do	one during n	TION nost of working	ing	16b. KI	ND OF BUS	INESS/IND	USTRY		
COMPI ETEN		Elementary/Secondary (0-12)		College (1-4 or 5 a	-)	Tetari			rotor	_						
3	5	17. FATHER'S NAME (First, Middle, La.	st)			Inter	LOT	Decc	_		ME (First, Mide	fle, Maiden :	Surneme)			
i lu	u III	Wilbur Hoffmie	er N	IAIN							te S		,	CR	AMER	
0		19e. INFORMANT'S NAME (Type/Print)				19b. MAILING	3 ADDR	RESS (Street			Route Number,	City or Town	n, State, Zip		шин	
10 01		Wilbur Lee Man	n			102 V	vest	t Col	lege	Terr	cace,	Frede	rick	, MD	21701	
100		20a. METHOD OF DISPOSITION 1 1 Burlel 2 □ Cremetion 3 □	Remov	val trom State	20b. PL	ACEANDDATE	OF DIS	POSITION //	Name of		OATE	_	CATION —	-		
IL MUST	-	4 Donation 5 Other (Specify, 21. SIGNATURE FUNERAL SERVI			Mou	y, crematory or on the oli	vet	Ceme	etery	8	/8/94	Fr	ederi	ick,	Maryland	di
examiner	1	21. SIGNATURE OF FUNERAL SERVI	CE LICE	NSEE /)		- 1		AND ADDRE		ord P	Λ Ε	hmar	-1 ц	omo	
medical exa	4	23. PART i. Enter the displaces	m	Ko Ber	sen	M00706	5 l1	106 F	ast C	hurc	h St	Fred	loric	L M	D 21701	
ijury, or other traumatic event, the	FULLICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. b. c. d.	OUE TO	(OR AS A CO	M SV., INSEQUENCE O	PF): → ∪ PF):	l	- Ç	< 0	سيل				Onset and	
775	- 11	PART II. Other algniticant con-	iltions	contributing to	death but i	not resulting	In the	underlyi	ng ceuse	given in	Part I. 24	a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FIN	IDINGS
MEDIC											_ 1	PERFOR	1		AWAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	WSE
PHYSICIAN		25. WAS CASE REFERRED TO MEDIC EXAMINER?	-						PLACE OF D	DEATH (Ch	eck only one)					_
VSICI.	5	1 TYES 2 NO		HOSPITAL:	ER/Outpatle	nt 3 🗆 DOA		HER: Nursing Ho	mo 52 A	esidence	6 Other (S	pecify)				
RV PH		27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigs	tion	28e. DATE OF (Month, D		28b. TIR	ME OF JURY	- W	JURY AT ORK? YES 2] NO	28d. DEŞCR	IBE HOW IN	JURY OCC	CURED		
		2 Accident Investigat 3 Suicide 6 Could not determine	ot be	28e. PLACE O building,	F INJURY — atc. (Specify)	At home, term,	street,	factory, off	lca		281. LOCATION OF T	ON (Street a lown, State)	nd Number	or Rural R	oute Number,	\neg
1 1		29a. CERTIFIER CERTIFYING	PHYSIC	AN: To the bast of	my knowledg	e, death occur	red at ti	he time, da	te end place	, end due	to the cause(s) end men	ner es stat	ed.		
O BE COMPLETED		one) 2 MEDICAL EX.													and manner es etc	rted.
II.	ı II	29b. SIGNATURE AND TITLE OF CER	TIFIER						29c. LIC	ENSE NUM	IBER		29d. DATI	E SIGNED	(Month, Day, Year)	
TOB									DO	9689			▶Au	gust	4, 1994	
		A. Austin Pear	1 100	I M CT	30	West	Ni		Stree	t, F	reder	ick.	Marv	land	21701	
		31. DATE FILEO (Month, Day, Year)		32. REGISTRA	R'S SIGNATU	HE O A	7			- ,		,				
		AUG 0 5	1994	julia	armile	ortable	15 -									

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Acurs after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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rtificate b	ig physicia	iene prior	ther tra
death ce	aftendir	ental Hyg	ry, or c
hat the	d by the	and Me	ny Inju
equires t	en signer	of Health	hows a
he law r	has be	Dept.	п 23 s
CIAN: T	erlificate	he Stat	or ite
G PHYSI	er this ce	ith with t	narked,
TENDIN	TOR: After	after dea	28 ls n
OR AT	DIRECT	hours ;	Item 2
HOSPITAL	UNERAL	vithin 72	ANT: If
TO THE !	TO THE F	be filed w	IMPORT

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICALI	E OF	DEATH		REG. NO.				
	t. DECEDENT'S NAME (First		R. /<	URR	14.	Jr.			MON.		NY.	YEAR		E OF DEATH
	4. SOCIAL SECURITY NUMI	the contract of the contract o	5. SEX	6. AGE (In yrs		IF UNDER	2 1 VEAD	IF UNDER 24 HRS.	7 DATE	OF BIRTH		1 7	, ,	(State or Foreign
	<u>579-50-715</u>		1 M 2 □ F	53		MONTHS	DAYS	HOURS MIN.	Mar	ch 30,1		Was	h.	D.C.
œ	90. FACILITY NAME (If not in					9b. CITY		OR LOCATION OF D	EATH		9c. COU	NTY OF O		
DIRECTOR	RESIDENCE OF DE		es Hospi	tal		Baltimore						Cit	У	
<u>ا</u> ي	10e, STATE	10b. COUNTY			10c, CIT	Y, TOWN	OR LOCA	TION					10d. F	NSIDE CITY
	Maryland 100. STREET AND NUMBER		ederick				_	t. Airy			40 017	IZEN OF W	t K	IMITS? YES 2 NO
FUNERAL	207 Vil	207 Village Way							101. ZIP CODE 21771					OUNTRY?
BY FU		11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1958—60						13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No If yes, specify Cuban, Mexican, Puerto Rican, atc.) 1 YES 2 NO Specify:					— Am k, White Whi	ericen Indien, o, etc.
		EDENT'S EDUC	ATION		OECEDENT'S	USUAL O	CCUPATION	DN	16	b. KIND OF BUS	INESS/INC		******	. 00
COMPLETED	Elementary/Secondary (College (1-4 or 5	-)	(Give kind of life. Do NOT u	se retired.)								
M P	12				Tracto	r Tı	rail	er Drive	r	Tru	ıckir	g		
	17. FATHER'S NAME (First, A	acidn and	2.5					18. MOTHER'S NA						
B	DOX 19s. INFORMANT'S NAME (ger Murr	ay, Sr						Reeve				
2	Patricia	,,	ray					Way, M						
	20a. METHOO OF OISPOSIT		oval from State	cemetery	CE AND DATE	ther place!			OA.	TE 20c. LO	CATION —	City or To	wn, Sta	ite
	4 Donation 5 Other 21. SIGNATURE OF FUNERA	1-1	ENCEE	Roc	ky Ga	o Ve	tera	ns 8/17/	94	Fli	ntst	one,	Md	21550
	►CO1.	Py	Nolon	th			lin	L. Mole	swor					000
	23. PART I. Enter the d	liseesee, or c	omplications tha	t coused the	deeth, Do	not enter	26/u	Ol Ridge	Rd.	Dama:	scus.	Md.		Approximate
	ehock, or h IMMEDIATE CAUSE (Fit disease or condition_	eart fellure. I	Liat only one cau	se on eech	lina,			Parcy &						nterval Between Onsat and Death
	reaulting in death)		I	(OR AS A CON										
N O	Sequentially list condit		o	(OR AS A CON	ISEQUENCE O	FI:							-	
CERTIFICATION	If any, leading to imme cause. Enter UNDERLY	ING		(5), 115 11 55		.,.							j	
	CAUSE (Disease or Injuthat Initiated events		DUE TO	(OR AS A CON	SEQUENCE O	F):							+	
	resulting in deeth) LAS		l											
	PART II. Other significa	ant condition	e contributing to	death but no	ot resulting	In the ur	nderlyln	g ceuee given in	Part I.	24a. WAS AN	AUTOPSY	24b.	WERE	AUTOPSY FINDINGS
EDICAL								g g		PERFOR	MEO?	1	AWAILA	BLE PRIOR TO LETION OF CAUSE
										1 TYES 2	MNO		OF DE	
≥	DID TOBACC	O USE	CONTRIBUT	E TO CA	AUSE O	F DEA	TH.	YES 17 NO	<u>о</u> п				1 🗆 1	ES 2 ENO
PHYSICIAN: M	25. WAS CASE REFERRED T							ACE OF DEATH (Ch		ne)				
Signal	EXAMINER?		HOSPITAL:	ER/Outpatien	3 DOA	OTHEI		e 5 🗆 Reeldence	8 🗆 Oth	er (Specify)				1
Ē	27. MANNER OF OEATH		28e. DATE OF (Month, D		28b. TIN		28c. INJ			SCRIBE HOW II	NJURY OC	CUREO		
À A	1 Netural 5 2 Accident	Pending Investigation	(Month, D	=y, 10a7	1	M		YES 2 NO						
- 1	2 Cutelde	Could not be determined	28e. PLACE O building,	F INJURY — At etc. (Specify)	t home, farm,	street, faci	tory, offic		281. LOI City	CATION (Street e	nd Number	or Rural A	Route No	imber,
	00. 00000000													
COMPLETED			CIAN: To the best of R: On the beels of ea) and m	sanner ee stated.
	29b. SIGNATURE AND TITLE							29c. LICENSE NUI						-/1_1001C1F.
O BE	Redel	Le	Thon	0	NID.				68.	3 .	DAT	S714	Month,	Day, Year)
	30. NAME AND ADDRESS O	F PERSON WHO	COMPLETEO CAUS	SE OF DEATH (51 450	100	77		0		
	31, DATE FILED (Month, Day,	Year)	32. REQISTRA	H'S SIGNATUR		· m	GAL	J #63	2711 /	, C	アクン	1 15/	121~	~# & '
	8) (4137	5 1994	11.	Liveles	Revolate	1								
	1 7 - [DHMH.18 Rev 1/80

, t .a. , fore, emp courses THE RESIDENCE OF THE PARTY OF T

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

3:50 am M

2. DATE OF DEATH

August 13,

1994

4. SOCIAL SECURITY NUMBER

Roger

5 SEY

MILLS

IF UNDER I YEAR

DAYS

IF UNDER 24 HRS.

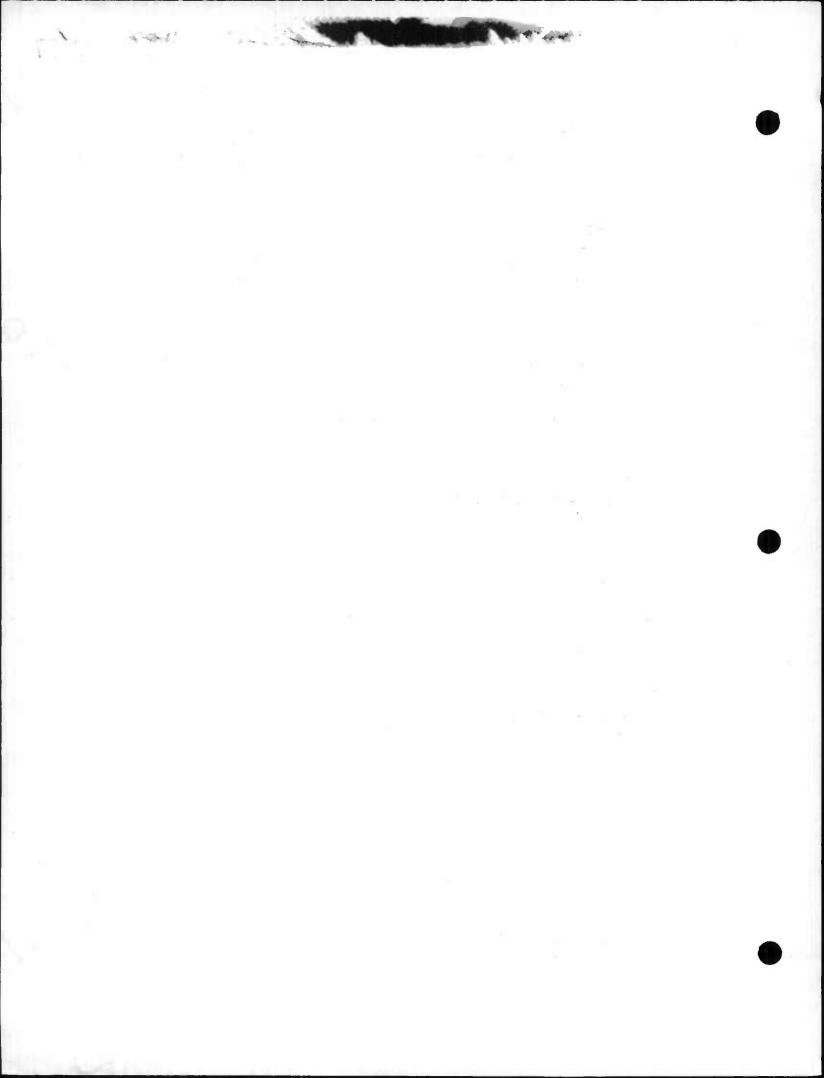
6. AGE (In yrs. last birthday)

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requires that the death ce	een signed by the atte	. of Health and Mental Hygie
The law requires that the death ce	een signed by the atte	ate Dept. of Health and Mental Hygie

7. DATE OF BIRTH
(Month, Day, Year),
JULY 4, 217-36-7271 93 1 📉 M 2 🗌 F Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Frederick Memorial Hospital Frederick Frederick 10c. CITY, TOWN OR LOCATION Maryland Frederick Adamstown 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2507 New Design Road 21710 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Merried If yes, specify Cuban, Mexicen, Puerto Rican, etc.) 1 YES 2 X NO Specify Specify: White В 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high nentery/Secondary (0-12) College (1-4 or 5+) Farming Agriculture 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) James Samue1 MILLS te Sarah Alice COOLEY BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Evelyn S. Mills 2507 New Design Road, Adamstown, Maryland 21710 pe 20e. METHOD OF DISPOSITION
1 № Burlel 2 □ Cremetion 3 □ Removal from State 20b.PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Presbyterian Cemetery 8/16/94 4 Donation 5 D Other (Specify) Darnestown, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Keeney & Basford P.A. Funeral Home dell ✓ MOO706 106 East Church Street, Frederick, MD 21701 medical 23. PART/I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, abock, or hear failure. List only one cause on each line. Approximate IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition Preumonia resulting in daeth) event, DUE TO (OR AS A CONSEQUENCE OF): Cancerto liver un know metastati traumatic CERTIFICATION Sequentially list conditions, If any, laeding to immediata cause. Entar UNDERLYING austritis Esophagitis CAUSE (Diseese or injury other that initiated aventa reaulting in death) LAST 10 injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE MEDICAL Azotemia any 1 YES 2 NO DE DEATH? shows 1 TYES 2 TNO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL Item : 26. PLACE OF DEATH (Check only one HOSPITAL:
1 Pinpetient 2 ER/Outpetient 3 DOA DIRECTOR: After this certificate hours after death with the State item 28 is marked, or item OTHER: 1 YES 2 NO HOSPITAL OR ATTENDING PHYSICIAN: ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural м 1 YES 2 NO ВҰ Investigation 2 Accident 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 3 Sulcide COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER

(Chark only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated. TO THE HOSPITAL (TO THE FUNERAL C DE filed within 72 h 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) James A. Frizzellim.D. 915 Toll House Due #201 Frederick 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89



	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HE		IENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Lest) The vest	THERESA O.	MIJRRAY	awail		2. DATE OF DEATH	DAY Y	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-42-0584	5. SEX 6. AGE (In yrs. last birthday) YRS.	IF UNDER t YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1-3-1944		BIRTHPLACE (State or Foreign Country) West Virginia
TOR	98. FACILITY NAME (# not institution, give st Frederick Memor: RESIDENCE OF DECEDENT			96. CITY, TOWN OR Freder		ATH	9c. COUNTY Fre	of DEATH derick
DIRECTOR	10s. STATE 10b. COUNTY	derick		rown on Location				10d, INSIDE CITY VINITS?
FUNERAL	100. STREET AND NUMBER 1000 Heather Ric	dge Drive			21702			S.A.
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO		Ify Cuban, Mexican	C ORIGIN? (Specify), Puarto Ricari, etc.)		RACE — American Indian, Black, White, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) 1 1 TH	CATION completed) College (1-4 or 5+)	(Give kind of w life. Do NOT use		of working		USINESS/INDUST	TRY
8	17. FATHER'S NAME (First, Middle, Last)		Бабу	Sitter	18. MOTHER'S NAM	IE (First, Middle, Melde	one on Sumemel	
BE C	Robie Alexander	Meadows				ie Pitze		
2	t9e. INFORMANT'S NAME (Type/Print) Mrs. Beverly A.					oute Number, City or R		*
	20a, METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Remote 4 Donation 5 Other (Specify)		PLACE AND DATEO etery, cremetory or off acobs, Ce	FDISPOSITION (Name of place) metery		1.	ocation — chy rfield,	Control of the Contro
	21. SIGNATURE OF PRINCIPAL SERVICE LIC	Hailey	4	1201 N	. Market	St. Fre	derick,	L HOMES,P.A. Md. 21701
	21. PART I. Enter the disease, or o shock, or heart failure. IMMEDIATE CAUSE (Fine) disease or condition	3.50						Approximate Interval Between Onset and Death
z	disease or condition resulting in death) e. acate my occurcial infarction Due to (or As A consequence of): b. Director (or As A consequence of): Due to (or As A consequence of):							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c						
CERTIF	that initiated eventa reaulting in death) LAST	d.	CONSEQUENCE OF): 				
PHYSICIAN: MEDICAL	PART II. Other significent condition	a contributing to deeth b	ut not reaulting in	the underlying	ceuse given in F	Part I. 24s. WAS / PERF	N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			28. PLA	CE OF DEATH (Chec	ck only one)		
Sic	EXAMINER?	HOSPITAL: 1 Inpetient ER/Outp		OTHER: 4 Nursing Home				
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJUI	TA YE	28d. DESCRIBE HOW	INJURY OCCUR	ED
	3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, st	reet, tectory, office		28f. LOCATION (Stree City or Town, Sta		Rurel Route Number,
COMPLETED		CIAN: To the best of my knowl R: On the basis of examination						suse(a) and manner as stated.
88	296. SIGNATURE AND TITLE OF CENTRIL	erin an		:	29c, LICENSE NUM	BER (U)	29d, DATE SI	GNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHI	A lucy Sm	M	Print) 14)5	tines	Cas	Fuel	ned (p.d
	31. DATE FILED (Month/Day, Year) ALIG 1 7 190	32. REGISTRAR'S SIGN	whor Randal	à.	7			

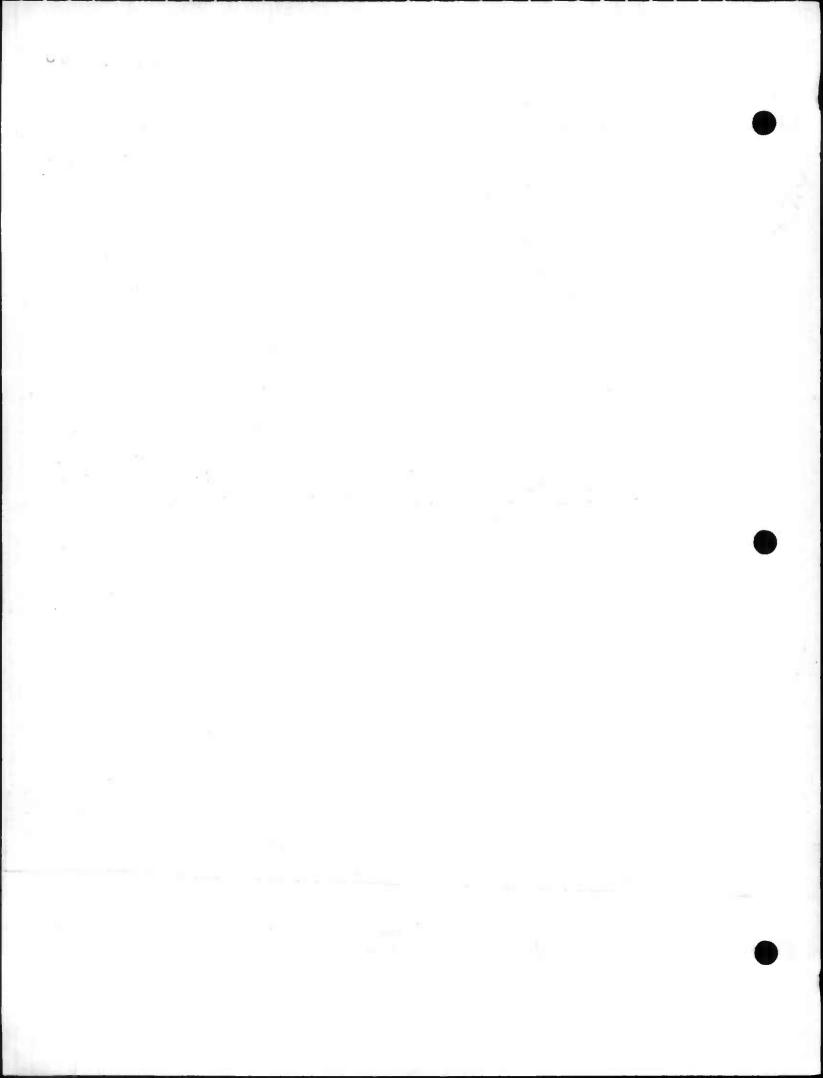
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Abours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transment on the filed within 72 hours after death with the State Deet, of Health and Mental Hoviene prior to burial, cremation, or removal.
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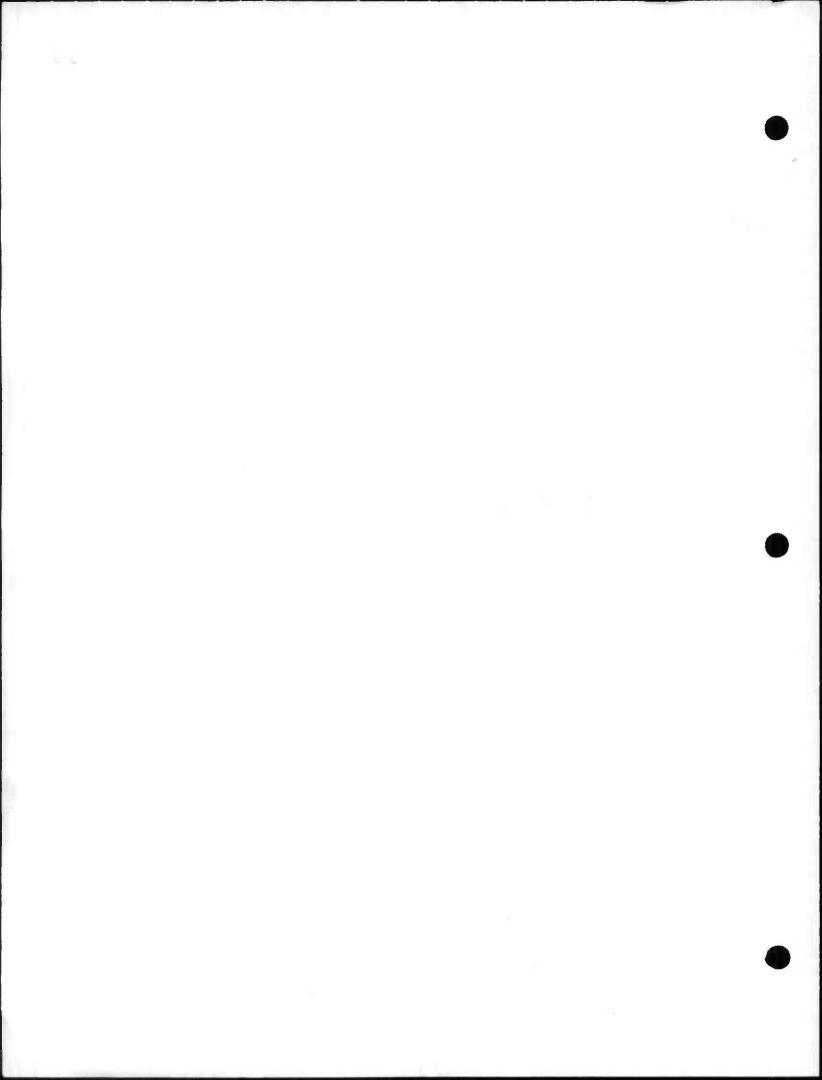
HELENA LOUIS MERCURIO ALGOURS 50, 1997 An 10 4. SOCIAL SECURIT NUMBER 7 0. SEX 1997 AN 10 4. SOCIAL SECURIT NUMBER 7 0. SEX 1997 AN 10 5.79 — 10 — 34 17 10 — 2 20 F 9 PER						
4. SOCAL SECURITY MANIBER 5. SEX 5. 79—10—3417 95. YES. 96. YES. 96. YES. 96. CORDER 97. YES. 96. CORDER 97. YES. 96. CORDER 97. YES. 96. CORDER 97. YES. 96. CORDER 97. YES. 96. CORDER 97. YES. 96. CORDER 97. YES. 96. CORDER 97. YES. 96. CORDER 97. YES. 96. CORDER 97. YES. 96. CORDER 97. YES. 96. CORDER 97. YES. 96. CORDER 97. YES. 96. CORDER 97. YES. 96. CORDER 97. YES. 96. YE	of OEATH					
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196. STATE 196. COUNTY 196. CITY, TOWN OR LOCATION 1964. IN MARY 197. TAKOMA PARK 196. THE NO. STREET AND NUMBER 196. STREET AND NUM						
7305 Maple Avenue 11. Marital Status 12. Marital Status 13. Marital Status 14. Marital Status 15. Marital Status 16. Marital Status 16. Marital Status 17. Marital Status 17. Marital Status 18. Marital Status 18. Marital Status 19. Marital S	SIDE CITY NTS? ES 2 NO					
T. MANTIAL STATUS To MANTIAL STATUS TO M	UNTRY?					
Security Security	rican Indian, atc.					
Michele Louis 18. MOTHER'S NAME (First, Middin, Melden Sumane) Michele Louis 19a. NPORMANTS NAME (Type/Print) 19b. MAILING ADDRESS (Street and Authority or Pural Route Number of Pural Route Number of Pural Route Number of Pural Route Number Of yor Town, State, Zip Cooks) 20a. METHOD OF DISPOSITION 1 (State and Authority or Carlot) 1 (State and Pural Route Number of Pural Route Number of Pural Route Number Of Pural Route Number Of Pural Route Number Of Pural Route Number Of Pural Route Number Of Pural Route Number Of Pural Route Number Of Pural Route Number Of Pural Route Of Pural Route Number Of Pural Route Of Pur						
196. INFORMANT'S NAME (Type-Print) DOTOTHY M. POTTET 206. METHOD OF DISPOSITION 1 (20 DISPOSITION) 1 (20 DISPOSITION) 1 (20 DISPOSITION) 1 (20 DISPOSITION) 1 (20 DISPOSITION) 1 (20 DISPOSITION) 1 (20 DISPOSITION) 1 (20 DISPOSITION) 1 (20 DISPOSITION) 1 (20 DISPOSITION) 1 (20 DISPOSITION) 1 (20 DISPOSITION) 1 (20 DISPOSITION) 1 (21 DISPOSITION) 1 (22 DISPOSITION) 1 (23 DART L Enter the diseases, or complications that equity of the principle of						
DOTOTHY M. POTTER 7305 Maple Avenue Takoma Park, Maryland 20 20e, METHOD OF DISPOSITION 1 (Paulal 2 Gremetion 3 Removal from State 4 Donation 5 Other (Specify) 21. MARTHAD AVENUE CHEMSEE 22. NAME AND ACCORDING TO COMPILED IN STATE (Specify) 23. PART LETHER the diseases, or complications that spatials the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, in MEDIATE CAUSE (Final disease or conditions, if any, leading to immediate cause. Enter UNDERLY, UNG CAUSE (Disease of Injury that inhitsted events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A C						
20b. PLACE AND DATE OF DISPOSITION Name of carefully 20c. PLACE AND DATE of DISPOSITION Name of carefully 20c. PLACE AND DATE of DISPOSITION Name of carefully 20c. PLACE AND DATE of DISPOSITION Name of carefully 20c. PLACE OF INJURY 20c. PLACE OF DEATH (Check only one) 20c. PLACE OF INJURY 20c. PLACE OF DEATH (Check only one) 20c. PLACE OF INJURY 20c. Place OF INJURY 20c. Place OF INJURY 20c. Place OF INJURY 20c. Place OF INJURY 20c. Place OF INJURY 20c. Place OF INJURY 20c. Place OF INJURY 20c. Place OF INJURY 20c. Place OF Injury 20c. Place OF Injury 20c. Place OF Injury 20c. Place OF Injury 20c. Place OF Injury 20c. Place OF Injury 20c. Place OF Injury 20c. Place OF Injury 20c. Place OF Injury 20c. Place OF Injury 20c. Place OF						
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Pes 2 NO 28. DATE OF INJURY	с					
EXAMINER? 1 YES 2 DAO HOSPITAL: 1 Inpettent 2 ER/Outpattent 3 DOA 4 Nursing Home 5 National Research	UTOPSY FINDINGS LE PRIOR TO TION OF CAUSE IN?					
1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Masidence 6 Other (Specify) 27. MANNER of DEATH 1 Natural 5 Pending						
2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office 28f, LOCATION (Street and Number or Rural Route Number of Rural Rou						
3 Suicide 8 Could not be 286. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Num						
4 Homicide detarmined builtding, etc. (Specify) City or Town, State)	1ber,					
29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and my opinion.	nner as stated.					
296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month) 306. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)						
George F. Sengstack, M.D. 3929 Ferrara Drive Wheaton, Maryland 20906 31. DATE FILED (Month, Day, Year) AUG 0 9 1994 32. REGISTRAR'S SIGNATURE Pandels.	10.00					

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DIVISION OF WHAT DECORDS DO NOT SOME THAT DECO	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pabe filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
OFFICIAL MARKET CO. A AND A D. C.		

	1 - REGISTRAR CERTIF	ICATE OF DEATH	REG. NO.	-			
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH		3. TIME OF DEATH		
	OTHELIA JEANETTE MABEN		08 03	1992	4:30 2		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	6. B	IRTHPLACE (State or Foreign		
	218-09-2307 1□ M 2XX 89 YRS.	MONTHS DAYS HOURS MIN.	5-27-19	05 M	ARYLAND		
	9a. FACILITY NAME (If not institution, give street end number)	9b. CITY, TOWN OR LOCATION OF DE		9c. COUNTY C			
5	NATIONAL LUTHERAN HOME	ROCKVILLE	-	MONTO	GOMERY		
DIRECTOR	RESIDENCE OF DECEDENT						
뿚	10a. STATE 10b. COUNTY 10c. CT ND. BALTIMORE CITY	ry, town or location BALTIMORE	7		10d. INSIDE CITY LIMITS?		
					1 X YES 2 NO		
¥	10+. STREET AND NUMBER	10f. ZIP CODE			OF WHAT COUNTRY?		
FUNERAL	3939- ROLAND AWENUE	21211		U	.S.A.		
ᆵ	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	13. WAS DECENDENT OF HISPAT If yes, specify Cuban, Mexica	NIC ORIGIN? (Specify Yea	or No- 14. F	RACE — American Indian, Black, White, atc.		
BY	3/X/Wildowed 4 Divorced	1 TES 2 NO Specifi			Specify: WHITE		
	15. DECEDENT'S EDUCATION 16a DECEDENT'S						
	(Specify only highest grade completed) (Give kind of	USUAL OCCUPATION work done during most of working	16b. KIND OF BUS	INESS/INDUSTR	TY .		
2	College (1-4 of 5+)	EAMAKER	АТ	HOME			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						
	ERNEST LANGHAMMER	ROS	ME (First, Middle, Maiden S SE IMWOLD	iurname)			
BE	19s. INFORMANT'S NAME (Type/Print) 19b. MAILIN	ADDRESS (Street and Number or Rural I	Onesta Marata a Chara Tara	On to 71 O d			
5		1- VEIRS DRIVE	E., ROCKV	ILLE,	MD.20850		
1	20e. METHOD OF DISPOSITION 20th PLACE AND DATE	OF DISPOSITION /Name of	DATE 20c, LOC	ATION — City o	T 01-4		
į.	1 Surial 2 ☐ Cremation 3 ☐ Removal from Stata Cemelery, crematory or Cemelery, crematory or T. O.I.I.D.O.N.	PARK CEMETERY	8/8 DAT	TIMOR			
	21. SIGNATURE OF FUNERAL SERVICE-LICENSEE	22. NAME AND ADDRESS OF FA	CILITY	TIMOR	E, ND.		
1	> /h1 /h. dans	HYSONG CO.					
	V. W. Wagh	1300- N S7	REET, NW.	, WASH	.,DC		
	23. PART I. Enter the diseases, or complications that caused the deeth. Do shock, or heart failure, that only one cause on each line.	not enter the mode of dying, auc	h as cardiec or respir	atory arrest,	Approximate Interval Batween		
	IMMEDIATE CAUSE (Finel disease or condition				Onset and Death		
H	resulting In desth) Card Yo Respirato						
_		PF):					
CERTIFICATION	Sequentially list conditions, Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF	FI:					
¥	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events out that initiated events.						
Ĕ	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSCOUENCE O	F):					
토	resulting in death) LAST	uctive Lung Di	sease				
2							
DICAL	PART II. Other significant conditions contributing to death but not resulting	in the underlying ceuse given in	Pert I. 24a. WAS AN A PERFORE		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
ă			1 YES 2	NO K	COMPLETION OF CAUSE OF DEATH?		
Σ					1 _ YES 2 _ NO		
Z							
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	28. PLACE OF DEATH (Chi	eck only one)				
₹	1 ☐ YES 2 ☐ WO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. MANNER OF DEATH 28e. DATE OF INJURY 28h. TIE	Whursing Home 5 - Residence					
		JURY WORK?	28d. DESCRIBE HOW IN	JURY OCCURED	D		
ē I	2 Accident Investigation 3 Suicide 2 Could got be 28e. PLACE OF INJURY — At home, farm,	I TES 2 NO					
	3 Suicide a Could not be determined 289. PLACE OF INJURY — At home, farm, building, atc. (Specify)	street, factory, offica	281. LOCATION (Street ar City or Town, State)	id Number or Hu	ral Houte Number,		
	29a, CERTIFIER						
₩ ₩	(Check only 1 K CEHTIFTING PHYSICIAN: To the best of my knowledge, death occurr						
COMPLET	One) 2 MEDICAL EXAMINER: On the beele of examination and/or investigate	on, in my opinion, death occured at the	time, date and place, and	dua to the smu	and menner as stated.		
8	296. SHONATURE AND TITLE OF CERTIFIER	29¢ LICENSE NUN	IBER	29d. DATE SIGN	HET MUNIT GOODS		
0	Cares W. Jareth	M HAI!	110	- 8	15/24		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type $9701-VEIRSDRIVE$, ROCKVILLE	, MD . 20850		7	1		
	31. DATE FILED (Month, Day, Your) 32. REGISTRAR'S SIGNATURE		-				





FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH 1994 YEAR Lucinda Manzilla 7, Aug. 7:45 a. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 578-30-1707 1 🗆 M 2 DAYS HOURS YRS. 85 Oct. 8, 1908 Maryland Sa. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Collingswood Nursing Home Rockville MONTGOMERY RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Montgomery Rockville 1 YES 2 | ND permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 508 N. Horners Lane use as the bunial-transit 20850 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, alc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Ri-IF YES, GIVE WAR OR DATES 1 TES 25 MD Specify: ВҰ Specify: Black 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ğ Elementary/Secondary (0-12) College (1-4 or 5+) COMPL detached 6th Domestic once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) 8 Ħ Herbert Offutt BE Elizabeth Carter notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Dorothy Johnson (Niece) 703 Lenmore Ave., Rockville, MD 20850 pe 20e. METHOD OF DISPOSITION
1 TyBurial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata director, p must 1 Buriel 2 Cremation 3 4 Donation 5 Other (Specify) Ash Memorial Cemetery Sandy Spring, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LUCENSEE 22. NAME AND ADDRESS OF FACILITY the funeral SNOWDEN FUNERAL HOME, P.A. MI ROCKVILLE, MD 20850 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by Approximate ehock, or heert feliure. List only one ceuse on each ilne. 0 interval Batween **IMMEDIATE CAUSE (Fine)** Onset and Death disease or condition cremation, the /Mcloutition DUE TO OR AS A CONSEQUENCE OF: completely executed within event, reaulting in death) RECORDS, P.O. BOX 68760, Hygiene prior to burial, DUE TO (OR AS A CONSEQUENCE OF): traumatic physician and Sequentially list conditions, If any, leading to immediate DUE TO RAS A CONSCOUENCE OF: cause, Enter UNDERLYING CAUSE (Disease or injury other that initiated events reaulting in deeth) LAST 6 Injury, PART II. Other eignificent conditions contributing to deeth but not recuiting in the underlying ceuee given in Part I. MEDICAL 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO Health and COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? shows 1 YES 2 NO been t. of ! PHYSICIAN: Dept. The law 23 DIVISION OF VITAL 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h **EXAMINER?** HOSPITAL: OTHER: OR ATTENDING PHYSICIAN: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Rasidence 6 🗆 Other (Specify) 0 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 26d. OEŞCRIBE HOW INJURY OCCUREO marked, 1 Netural м 1 YES 2 NO After til death ВҰ 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 66 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED DIRECTOR: 200 4 Homicide Item 29e. CERTIFIER

(Chark only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. THE HOSPITAL (THE FUNERAL D filed within 72 h TO THE HOSPITAL TO THE FUNERAL (De filed within 72 h HOSPITAL 2 _ MEDICAL EXAMINER: On the beats of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day,

Tun

M.D.

32. REGISTRAR'S SIGNATURE hie Davidson Bandall

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Sunita Hanjura,

31. DATE FILED (Month, Day, Year) AUG 1 2 1994

432

809 Veirs Mill Road, Rockville, MD



2

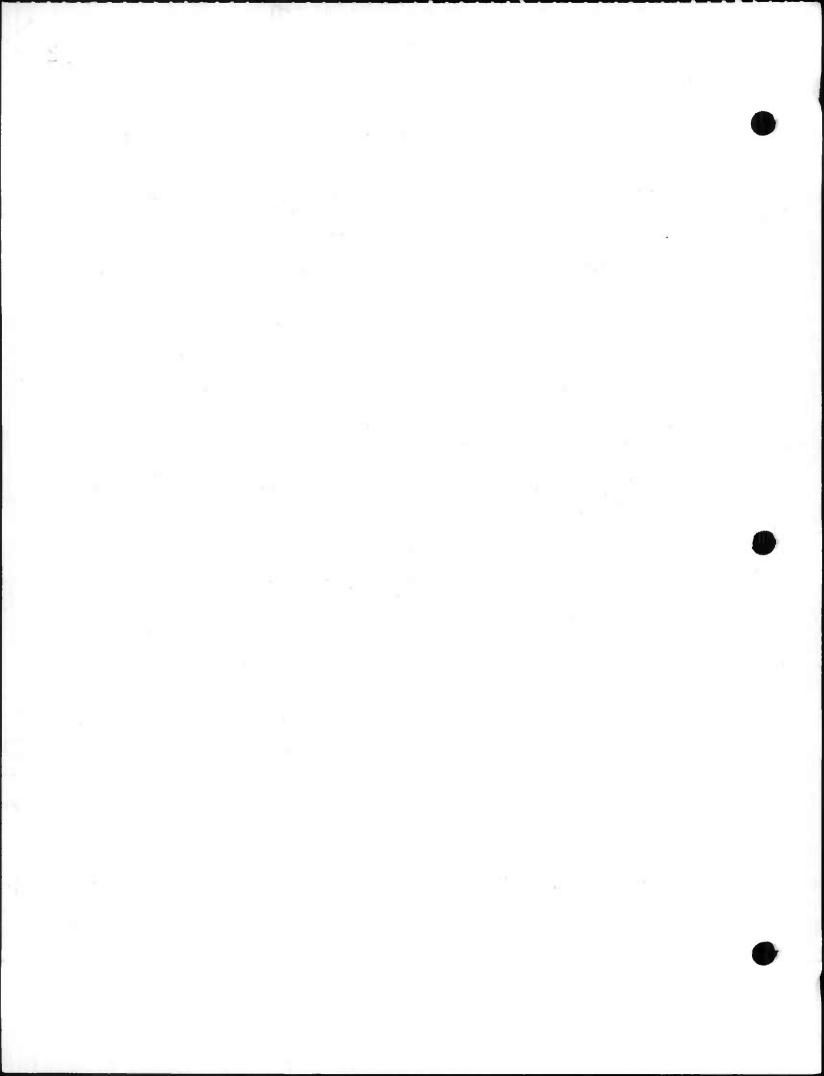
8

21215-0020	ital or attending physician.	for use as the burial-transit permit,	
BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. It is burial death within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
đ	e executed with the hours after dea	an and completely filled in by the fur t to burial, cremation, or removal.	umatic event, the medical exa
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	requires that the death certificate b	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	shows any injury, or other tra
SION OF VITAL F	ENDING PHYSICIAN: The law r	JR: After this certificate has be ter death with the State Dept.	3 is marked, or item 23 s
CIVIC	TO THE HOSPITAL OR ATT	TO THE FUNERAL DIRECTL be filed within 72 hours aft	IMPORTANT: If item 28

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ARTMENT OF I		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3, TIME OF DEATH
9	MARGANET	Vernon	Mu	llinix		Aug 8		AR . CCA
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthde	MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	214.32.9455 9a. FACILITY NAME (If not institution, give s	1 M 2 XF 80	6 YRS		OR LOCATION OF DI	Jan.20,19		aryland
Œ	Surburban Hosp:			Beth		EATH	9c. COUNTY	
DIRECTOR	RESIDENCE OF DECEDENT			beth	esda		Montgo	omery
E	10e. STATE 10b. COUNTY		100	CITY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
	Maryland Monts	gomery	K	ensington	f, ZIP CODE		1	1 X YES 2 NO
FUNERAL	10123 Cedar Lane			1 "	20895			OF WHAT COUNTRY?
Š	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED		ENDENT OF HISPAI	NIC ORIGIN? (Specify Yes		RACE — American Indien, Black, White, etc.
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES			ecify Cuben, Maxice	n, Puerto Rican, etc.)		Black, White, etc. Specify: White
		247/01/	L					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give kind	I'S USUAL OCCUPATI of work done during me I use retired.)		16b. KIND OF BUS	SINESS/INDUST	RY
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Teach	er		Public	c Schoo	18
O	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden		710
BE C	Vernon Leigh	iton			Mai	ude Cale		
5	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
	William Mullinix					Mitchellvi		
	20a. METHOD OF DISPOSITION 1 Buriel 2 XCremetion 3 Rem	oval from State cer	netery, cremetory	rother plece). Fort Crem	ame of		CATION — City	
1	4 Donation 5 Other (Specify)		it. Com.	22. NAME A	ALOTY ND ADDRESS OF FA	8/11 Alex	carrier!	l, Va.
	> 401/41 1	Kan)		5130	Wisconsi	n Ave. N.W	. Washi	ington D.C.
\dashv	23. PART Enter the diagrees, or o	complications that cause	d the death. D					
ı	ahDck, or hasrt fallurs.	List Dnly Dns cause on e	esch lins.	o not unter the me	de or dynig, auc	ii ae cardisc or reepi	natory arreat,	Interval Between Onset and Death
	reaulting in death)	DUE TO (OR AS A CONSEQUENCE OF):						-1
Z	disease or condition resulting in death) a. Cardiopulmonary awrest DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, b. Cardiopulmonary awrest DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions,						one day	
ATIC	if any, isading to immediate cause. Enter UNDERLYING							
FIC	CAUSE (Disease Dr Injury that initiated events	C. DUE TO (OR AS /	A CONSEQUENCE	: OF):				
CERTIFICATION	reaulting in death) LAST	d.						
	PART II, Other significant condition	s contributing to deeth I	out not requisie	on in the underlyin	a course alvan la	Don't los mosas	Alternative 1	
CAL	Tritte in Ottol againment containon	s contributing to destil t	JOE HOE LESGIEN	ig in the underlyin	g csuse givsn in	Part i. 24e. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 🗍 YES 2	□ NO	OF DEATH?
2	DID TOBACCO USE CONTI	RIBUTE TO CAUSE C	OF DEATH	YES II NO F	UNCERTAIL			1 YES 2 NO
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			EATH (Check only one)	2 OTTOLKI III			
YSI	1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	patlant 3 🗆 DO/	OTHER: 4 - Nursing Hon	ne 6 🗆 Rasidence	6 Other (Specify)		16
F	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)		INJURY WO	URY AT	26d. DESCRIBE HOW I	NJURY OCCUR	ED
B	2 Accident Investigation	280 DI ACE OF IN HID	4 44 5 (YES 2 NO			
COMPLETED	3 Suicida 6 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY building, atc. (Spec	cify)	n, straet, ractory, omi		28f, LOCATION (Street a City or Town, State)		tural Houte Number,
9	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	deden death ass	and at the star of star	Talenta Salar			
M M	and the same of th	CIAN: To the best of my know R: On the besis of examination						use(s) and menner es stated.
	29b. SIGNATURE AND TITLE OF CERTIFIES				29c. LICENSE NUI			GNED (Month, Day, Year)
) BE	Muri a. Deeph	shouly mo			04131	1/	▶ 8/9	194
2	30 NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (7	rpe, Print)	0 101	/	-//	
				<u> </u>				
ļ	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN						
	AUG 1 1 1994	I Guha David	son-Rande	The same				



DHMH-16 Rev 1/89



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and work the floated for the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

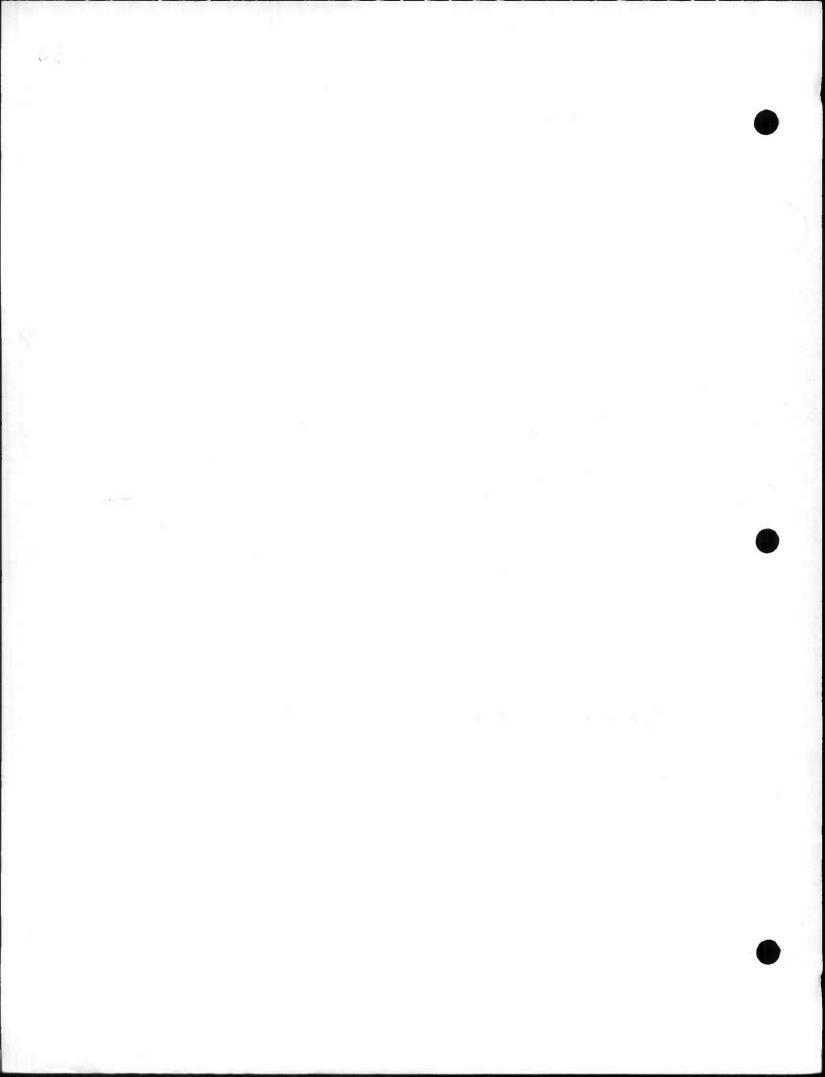
BALTIMORE, MARYLAND 21215-0020

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

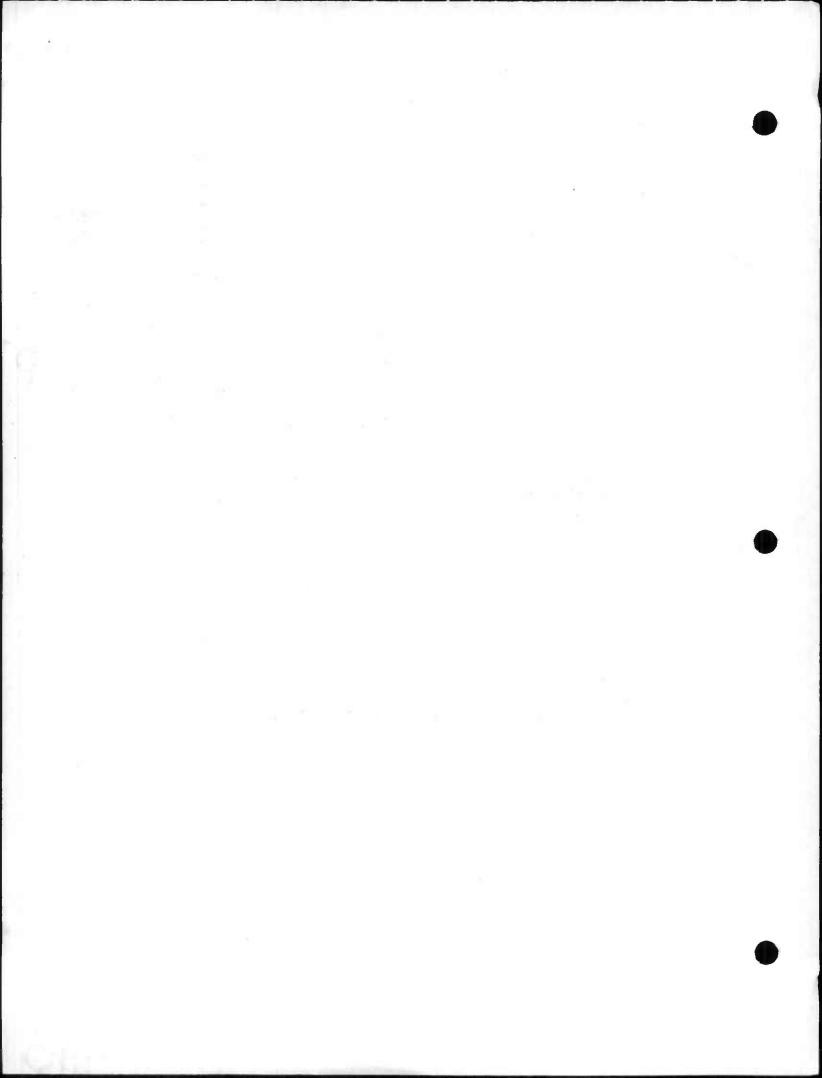
	REGISTRAR		CER	TIFICA	ALE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	-					2. DATE OF DEATH			3. TIME OF OEATH
	Louise P. Meads						August 3,	1992	YEAR	8:10P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	AGE (In yrs. last birt	hday) IF I	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	100-		IPLACE (State or Foreign
	F77 10 0000	1 🗆 M 2 😡 F		RS. MON		HOURS MIN.	(Month, Day, Year)		Count	(אי
	377-10-0020		81							nington, DC
~	Sa. FACILITY NAME (If not institution, give stre	eet end number)		96.	CITY, TOWN	OR LOCATION OF DI	EATH	9c. COU	NTY OF D	EATH
Į į	Collingswood Nurs:	ing Center	1	R	ockvi	lle		Mor	ntgon	nery
ଘ୍ଲ	RESIDENCE OF DECEDENT 100, STATE 100, COUNTY		1.00	o CITY TO	WN OR LOCA	TION				
DIRECTOR	ion other					1470				10d. INSIDE CITY LIMITS?
	-			Washi		, D.C.				1 X YES 2 NO
Ĭ.	10e. STREET AND NUMBER				10	H. ZIP CODE		10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	6920 32nd Street	, N.W.				20015		Unit	ed S	States
5		12. WAS DECEDENT EV	ER IN U.S. ARMED				NIC ORIGIN? (Specify Ye	or No-	14. RAC	E — American Indian,
	1 Never Merried 2 X Merried	FORCES? 1 1	OR OATES			pecify Cuben, Mexica S 2 [X] NO Specif	in, Puerto Rican, etc.)		Spec	k, While, etc.
BY	3 Widowed 4 Divorced					44	,		-	White
입	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION			AL OCCUPATI		16b. KIND OF BU	SINESS/INI	DUSTRY	The second
ᇤ	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do	NOT use reti	red.)	ost of working				
립		2	Home	maker			Own Ho	me		
COMPLET	17. FATHER'S NAME (First, Middle, Last)		1101110			18. MOTHER'S NA	ME (First, Middle, Melden			
	James B. Porter							our rarrey		
BE	19e. INFORMANT'S NAME (Type/Print)		405.14	AII INO ADD	DE00 (0)		a Mark Route Number, City or Tow			
입			1							
	James H. Meads						4, Silver			
	20e. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Remove	val from State	20b. PLACE AND cemetery, cremato	DATE OF DIS	SPOSITION (N lace)	lame of Churc	Chale 20c. Lo	CATION —	City or To	own, Slate
	4 Donation 5 Other (Specify)		Hyatts	town	Metho	dist Cem.	. 194 Hva	ttsto	wn.	Maryland
	21. SIGNATURE GE FUNERAL SERVICE LICE	MREE			22, NAME A	ND ADDRESS OF FA	Robert	A. F	umph	rey Funeral
ΙI	1 1 : E	M	мооз		Home/	${ t Rockvillet}$	e, Inc. 30) Wes	st Mo	ontgomery
\vdash	no page I franchis	Drug	MOO	503	Avenu	e, Rockv	ille, Mary	land	205	0 -2805
	23. PART I. Enter the diseases, or co ehock, or heart fellure. L	iat only one ceuse of	used the deem. On each line.	Do not e	nter the mo	ode of dying, auc	h aa cerdiec or resp	Iratory ar	つりた	Approximate Interval Between
1 1										
1 1	IMMEDIATE CAUSE (Finel	0-00	**					0, 0	000	Onset and Death
	disease or condition resulting in death)	SEPSI	S.					0, 0		Onset and Death
	disease or condition resulting in death)	SEPSI.	AS A CONSEQUE			_		<i>a</i> •		Onset and Death
z	disease or condition resulting in death)	SEPSI.	AS A CONSEQUE					<i>3</i> , <i>c</i>		Onaet and Death
rion	disease or condition resulting in death) Sequentielly list conditions,	SEPS (DUE TO (OR DUE TO, (OR	AS A CONSEQUEING AS A CONSEQUEING	NCE OF):				<i>3</i> , <i>c</i>		Onaet and Death
CATION	disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	SEPS (DUE TO (OR DUE TO, (OR	AS A CONSEQUEING AS A CONSEQUEING	NCE OF):				<i>a</i> , c		Onaet and Death
IFICATION	disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate	SEPSIL ODE TO GOR PUSU PO, OT BUD VRIN	AS A CONSEQUEING AS A CONSEQUEING	NCE OF):		PECTION.		<i>a</i> , <i>c</i>		Onaet and Death
RTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	SEPSIL ODE TO GOR PUSU PO, OT BUD VRIN	AS A CONSEQUE MONIA AS A CONSEQUE MONIA	NCE OF):				8		Onaet and Death
CERTIFICATION	disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	SEPSIL DUE TO (OR. PNEU I DUE TO, (OR. URI N DUE TO (OR.	AS A CONSEQUEING AS A CONSEQUEING AS A CONSEQUEING	NCE OF): CACT NCE OF):	ÍN	brc11an	,	8		Onaet and Death
AL CERTIFICATION	disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART il. Other significent conditions	SEPSIL DUE TO (OR PNEU) DUE TO, (OR DUE TO (OR CONTributing to deep	AS A CONSEQUEING AS A C	NCE OF): RACT NCE OF):	Î N	PLCTION.	Part I. 24a. WAS AN	AUTOPSY		WERE AUTOPSY FINDINGS
JICAL CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR DUE TO (OR DUE TO (OR COntributing to dee	AS A CONSEQUEI AS A CONSEQUEI AS A CONSEQUEI AS A CONSEQUEI	NCE OF): NCE OF): NCE OF): Iting in th	Î N	PLCTION.	Part I. 24a, WAS AN	I AUTOPSY RMED?		. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR DUE TO (OR DUE TO (OR COntributing to dee	AS A CONSEQUEI AS A CONSEQUEI AS A CONSEQUEI AS A CONSEQUEI	NCE OF): NCE OF): NCE OF): Iting in th	Î N	PLCTION.	Part I. 24a. WAS AN	I AUTOPSY RMED?		. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
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E COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions PART II. Other significant conditions PART II. Other significant conditions PART II. Other significant conditions PART II. Other significant conditions PART II. Other significant conditions PART II. Other significant conditions PART II. Other significent conditions PART II. Other significant conditions PART II. Other significant conditions PART II. Other significant conditions PART II. Other significant conditions PART II. Other sig	DUE TO (OR. PNEU) DUE TO (OR. URIN DUE TO (OR. URIN CONTRIBUTE T CONTRIBUTE T COMPLETED CAUSE OF INJUINING, etc.	AS A CONSEQUER MONIA AS A CONSEQUER AS A CO	NCE OF): LATT NCE OF): Iting in th RAI OF D OA OT TOOA OT INJURY farm, street occurred st stigstion, in	e underlyin 26. P EATH 26. P HER: Nursing Hor 28c. IN. W 1 . fectory, office the time, determy opinion, office	PECTION TYES NO PLACE OF DEATH (Ch TORK? YES 2 NO TORK? YES 2 NO TORK TORK?	Part I. 24e. WAS AN PERFO 1 YES : 1 YES : 26d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(e) end me it time, date end place, et MBER	I AUTOPSY IMED? I NO INJURY OC end Numbe and due to ti 29d, DAT	24b	Onset and Death Were Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 No Route Number, Plant Autopsy Findings Route Number, (Month, Day, Year)
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within from after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-train be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.	
DIVISION OF VITAL RECORD	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the be filed within 72 hours after death with the State Dept. of Health and M	IMPORTANT: If Item 28 is marked, or Item 23 shows any Inji	

	FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Lest)	M	indell		2. DATE OF DEATH MONTH D		3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 060-09-2547	1 M 2 TXF	In yrs. last birthday) IF U		7. DATE OF BIRTH (Month, Day, Year) 5-29-06	Ne	BIRTHPLACE (State or Foreign Country) PW YORK
TOR	98. FACILITY NAME (If not institution, give so Hebrew Home of Wa		96.	ROCKVILLE	DEATH	Monto	of DEATH gomery
DIRECTOR	MD 106. COUNT	gomery		WN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	6121 Montrose Roa	ıd		101. ZIP COOE 20852		10g. CITIZEN	OF WHAT COUNTRY?
à	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2_ NO	13. WAS DECENDENT OF HISP, It yes, specify Cuben, Maxic 1 YES 2 NO Specify No Specify No Specify No No No No No No No No No No No No No	an, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (9-12)	Completed) College (1-4 or 5 +)	life. Do NOT use retir	one during most of working ed.)	16b. KINO OF BU	SINESS/INDUST	TRY
MO	12 17. FATHER'S NAME (First, Middle, Last)		Adminis	strative Ass't	Govern AME (First, Middle, Maiden		
BE C	Isadore Mandell				Gleitzman	Surrente	4
TO B	19a. INFORMANT'S NAME (Type/Print)			RESS (Street and Number or Rura	Route Number, City or Tow		de)
	Shirley Markwood	l en		tery Lane, Be			
	t ☐ Burial 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	noval from State Com	PLACE AND OATE OF OIS	ebrew Cong.M.F	1	ncation – city hingtor	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AND ADDRESS OF F	ACILITY		
	· loset	Kosen		Edward Sagel 1091 Rockvil			
CERTIFICATION	23. PART I. Effect the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, and the caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, and the cause of conditions are uniform. List only one ceuse on each line. Approximate interval Between Onset and Death Year 1 Disease or conditions. But To (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF):						
PHYSICIAN: MEDICAL C	Cerebral Vascu Aphasia	cent conditions contributing to deeth but not resulting in the underlying ceuse given in Vascular Accèdent				AUTOPSY RMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF ORATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C	heck only one)		
14S	1 YES 2 WINO 27. MANNES OF DEATH	1 Inpatient 2 ER/Outp		Nursing Home 5 ☐ Residence 28c, INJURY AT	1	ILLUMY ACCUM	
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	WORK?	26d. OEŞCRIBE HOW	INJURY OCCUR	E0
TED BY	2 Accident 3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, etc. (Spec	— At home, farm, strast	fectory, office	26t. LOCATION (Street City or Town, State,		Rural Route Number,
COMPLETED				the time, date and place, and du			suse(a) and menner as stated.
BEC	29b. WITH AND TITLE OF CERTIFIE	P/1 /		29c. LICENSE NI	JMBER	29d. DATE SIG	GNED (Menth, Day, Year)
٩	30 NAME AND ADDRESS OF PERSON W	10 COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Print)	801 E les	5557	Rose	kulle MD
	31. DATE FILED (MONTH, COV.) Ser. 1994	32/RAGISTAMA'S SIGN.	ATUNGANDER	off	31	1000	www.s.c. Chan.



	FOR
1	STATE
	REGISTRAR

	1 - STATE REGISTRAR	SIAIE OF MARTE		ICATE OF		MENIA	REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last) CHARLES	HOLDEN		GILL		2. DATE MONT	OF DEATH	W	94	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR	S. 7. DATE	OF BIRTH	19	8. BIRTH Countr	PLACE (State or Foreign	
	122-03-0768 ••. FACILITY NAME (If not institution, give str		78 YRS.	9b. CITY, TOWN	HOURS MIN	Mai	r. 28	.16		York	
TOR	Holy Cross Hospital			Si	lver S	princ	1			omery	
DIRECTOR	10e. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCA	TION			-		10d. INSIDE CITY LIMITS?	
	D. C.			Wasl	ningto	n				YES 2 NO	
FUNERAL	1350 Sheridan	Street, N.	. W.	10		0011				HAT COUNTRY? States	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced			If yes, sp	ENDENT OF HIS ecify Cuben, Mer 2 NO Sp	PANIC ORIGI			14. RACE Black	- American Indian, White, etc.	
ED	15. DECEDENT'S EDUC (Specify only highest grade of			USUAL OCCUPATI		161	b. KIND OF BUS	SINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done during mo se retired.)	ist of working						
MP		2	Ca:	rpentry			Self	Em	ploy	ed	
	17. FATHER'S NAME (First, Middle, Last)	4 2 2			18. MOTHER'S	NAME (First,	Middle, Maiden	Sumeme)			
BE	Charles H. McG	111	105 MAII INC	AADDECC (Owner							
2	Phyllis J. Out	1 2 1.7	- 1	AODRESS (Street						0011	
	20e. METHOD OF DISPOSITION	200		O Sheri		0.1	F 20c.LO	CATION -	City or To	UUII	
	1 Burlel 2 Cremation 3 Removal from State cameley, crematory or other place)										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. SIGNATURE OF FUNERAL SERVICE LICENSEE 24. SIGNATURE OF FUNERAL SERVICE LICENSEE 25. SIGNATURE OF FUNERAL SERVICE LICENSEE										
	R. N. Horton Co. Morticians 600 Kennedy Street, N. W.										
	23. PART i. Enter the diseeses, or co	omplications that cause	d the death. Do	not enter the mo	de of dying, s	such ea car	diec or reepi	ratory ar	reat,	Approximate	
	ahock, or heert failure. List only one cause on aach line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF):										
_										2 days	
ATION	If any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST										
	PART II. Other significant conditions	Contribution to death t	us not regulting	In the contest de	a sausa ahusa	In Dark I			Lau		
PHYSICIAN: MEDICAL	Seiruse	A.	ot not resulting	in the ongeriyin	g cause given	m Part I.	24a. WAS AN PERFOR	RMEO?	246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME	Cerebro vas	when aco	ident							1 TES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26.0	ACE OF DEATH	(Chart ast a					
잃	EXAMINER? 1 YES 2 PYNO	HOSPITAL:	patient 3 DOA	OTHER:							
Ή	27. MANNER OF DEATH	28e. OATE OF INJURY	28b. TIN	IE OF 28c. IN.	URY AT	_	SCRIBE HOW I	NJURY OC	CURED		
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.		PRK7 YES 2 NO						
	3 Suicide a Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm,	At home, ferm, street, factory, office				281. LOCATION (Street end Number or Rural Route Number, City or Town, State)			
COMPLETED		CAN: To the best of my know								end menner se stated.	
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	1/			29c. LICENSE	NUMBER		29d, DA	TE SIGNEO	(Month, Day, Year)	
∞	dya m.	an. M.D			0338	15	- 0/			94	
2	30. NAME AND AGORESS OF PERSON WHO		ATH (ITEM 27) (Type), Print)	1 +2 10		Jashi	\	1 /	20002	
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIGN	ATURE	· white	11 - 1		~07W	سول	, v. C	2000	
	AUG 0 9 1994										

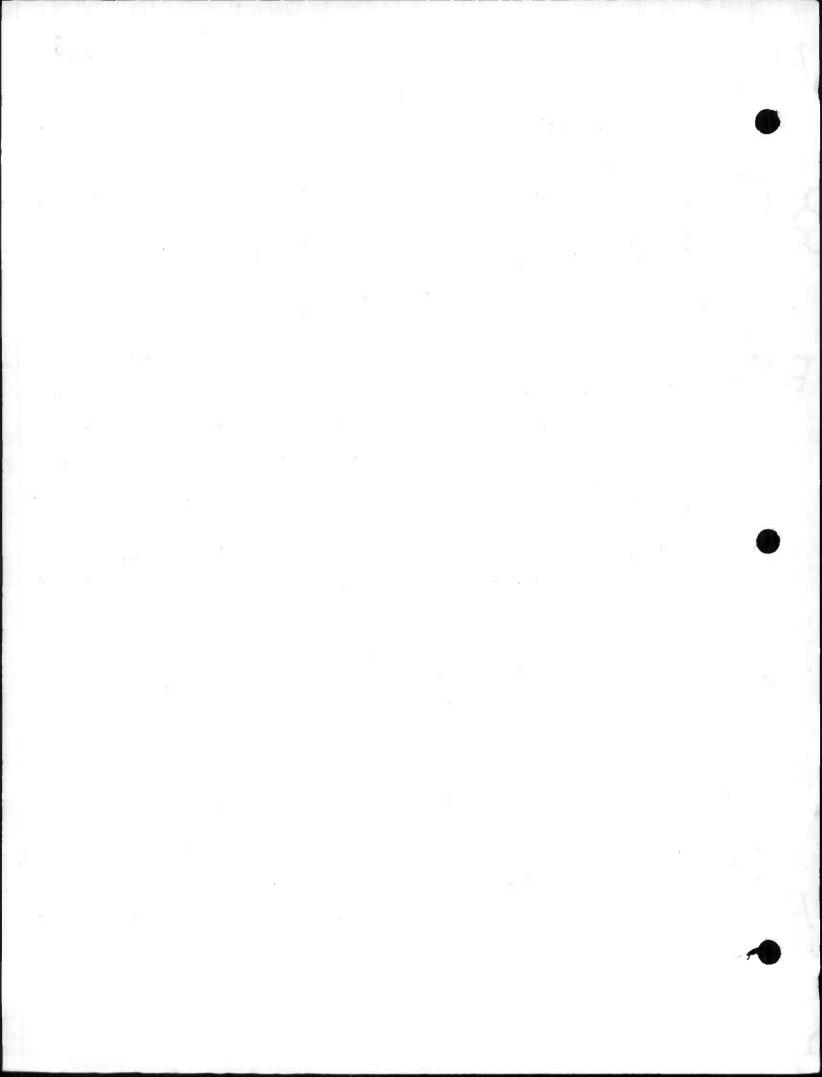
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

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iliza,		it permit.	All De L
BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	led in by the funeral director, page 5 should be detached for use as the burial-transit, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

- 41	1. DECEDENT'S NAME (First, Middle, Last) Margaret Rose Donnelly Mitchell 2. DATE OF DEATH MONTH DAY O8/12/1994 10:50 a M											
									08/12/1994			10:50 a m
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. les	t birthday) YRS.	MONTHS DAYS	MONTHS DAYS HOURS MIN (Month, Day, Year)			8. BIRTHPLACE (State or Foreign Country)		
1	222-20-6992 1 M 2 AF 57 9a. FACILITY NAME (if not institution, give street end number)								02/03/1			elaware
œ						96. CITY, TOWN			тн		NTY OF D	
<u>ē</u>	5025 Russ		toad			WO	olfo	ora		שׁע	orci	nester
2	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR LOC	ATION			-		10d. INSIDE CITY
ㅎ	Maryland Dorchester					Woo	lfor	d				LIMITS?
FUNERAL DIRECTOR	10e. STREET AND NUMBER						IOI. ZIP COD	DE		10g. CIT	IZEN OF V	WHAT COUNTRY?
H	5025 Russ	sell R	Road]	2	1648		1	U.S.	Α.
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. WAS D	ECENDENT	OF NISPANI	C ORIGIN? (Specify Yes	or No-	14. RACI	E American Indian, k, White, etc.
BY	1 Never Married 2 X		IF YES, GIVE V			1 U Y	S 2 XNO	en, Mexican, Specify:	Puerto Rican, etc.)		Spec	My:
						1						White
COMPLETED	(Specify only	EDENT'S EDUC y highest grade o	completed)	(G	ve kind of	USUAL OCCUPA work done during i se retired.)	TION nost of work	ing	16b. KIND OF BUS	SINESS/INC	DUSTRY	
PE	Elementary/Secondary (0	-12)	College (1-4 or 5	+)		cal Ma	nage	r		Pla	etic	•
3	17. FATHER'S NAME (First, M	iddle, Last)		[01	ELI	Cal Ha			E (First, Middle, Maiden		3616	
	Anthony I	onnel	lv				16. 110.		e Ann Ne		n	
BE	19a. INFORMANT'S NAME (7			194	. MAILING	ADORESS (Stree	t and Numbe		oute Number, City or Tow			
2	Andrew Mi		1 III						Woolfod			L648
	20a METNOD OF DISPOSITI	n 3 🗆 Remo	wal from State	cometent cre	metany or c	of disposition (other place) n Memo		D)-	1	CATION —		cle, DE.
	21. SIGNATURE OF FUNERAL SERVICE-LICENSEE							ESS OF FACE		vew	Casi	rie, pr.
									ell Fune Cambri			
	23. PART L'Enter the di	seases or co	omplications the	t caused the de	ath. Do	not enter the n	node of dy	ying, such	es cerdiac or respi	ratory en	rest,	Approximate
	shock, or he IMMEDIATE CAUSE (Fin		lat only one cau	use on each line	•							Interval Between Onset and Death
	disease or condition resulting in death)	 → .	BR	2057	Ca	NCER						6,100
	DUE TO (OR AS A CONSEQUENCE OF):											
Z	Sequentially list conditions b.											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate											
2	CAUSE (Disease or Injury											
ËI	that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
8 1	d											
	PART ii. Other significa	nt conditions	contributing to	deeth but not r	esuiting	in the underly	ng cause	given in P	ert I. 24s. WAS AN		24b	WERE AUTOPSY FINDINGS
MEDICAL									PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
Ä										A		OF DEATH?
- 0												
× I	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL				26.	PLACE OF	DEATH (Chec	k only one)			
PHYSICIAN:	1 YES 2 HO		HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER: 4 - Nursing He	me 5 R	lesidence 6	☐ Other (Specify)			
E	27. MANNER OF DEATH		28e. DATE OF (Month, D	INJURY	28b. TIN		NJURY AT		28d. DESCRIBE HOW I	NJURY OC	CUREO	
BY		Pending Investigation	(YES 2 [□ NO				
	3 Suicide 6	me, farm,	street, factory, of	lice		28f, LOCATION (Street a City or Town, State)	and Number	r or Rural F	Route Number,			
	4 Nomicide	determined		etc. (Specify)					ony or rown, oraco,			
7	29a. CERTIFIER (Check only	IFYING PHYSIC	JAN: To the best of	my knowledge, de	nth occum	ed at the time, de	te end place	e, end due t	the cause(e) end mar	mer as sta	ted.	
COMPLETED) and manner as stated.
O U	296. SIGNATURE AND TITLE	OF CERTIFIER					29c. LIC	ENSE NUME	DER	29d. DAT	E SIGNED	(Month, Day, Year)
0	Kosamu	VM.	Har	b M	\cap		D	-42	707	•	8/1	6/94
2	30. NAME AND ADDRESS OF		COMPLETED CAU	SE OF DEATH (ITE	1 27) (Type	, Print)	1 1-				- / !	F-1-1-1
	Rosemary				В Ву	rn St.	, Ca	mbri	dge, MD	. 2	1613	3
31. DATE FILEO (Month, Day, Year) P. HEGISTRAS SIGNATURE												

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLA								
1. DECEDENT'S NAME (First, Middle, Lest) $HELEN$	Α.		(NELS	SON)	MONTH	DAY	494 494	3. TIME OF OEATH	
219-01-3895	1 □ M 2 💢 F 80			IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day	HPTH , Year)			
PENINSULA REGION	,				ATH	9c.	COUNTY OF		
10e. STATE 10b. COUNTY	omerset	10c. CITY, 1						10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
100. STREET AND NUMBER 107 Somers Cove A	pts.	101. ZIP CODE 21817						S.A.	
11, MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	IF VES GIVE WAR OR DATES			ecify Cuban, Maxicar	n, Puerto Ricen		Bla	CE — American Indian, ack, White, atc. White	
(Specify only highest grade of Elementary/Secondary (0-12) Grade 10	(Give kind of work life. Do NOT use r	k done during mo etired.)	DN st of working						
17. FATHER'S NAME (First, Middle, Last) Filmer Nelson							ame)		
19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural F	noute Number, C	ity or Town, Sta	nte, Zip Code)		
Peggy Presto (Daughter) P. O. Box 8 - Crisfield, MD 21817									
1 ◯ Burial 2 □ Cremation 3 □ Remove 4 □ Donation 5 □ Other (Specify)	AS	PLACE AND DATE OF I tery, cremetory or other DULY CEMP	disposition (Na t place) CETY		8/94			S. C. C. C. C. C. C. C. C. C. C. C. C. C.	
Bradshaw & Sons Funeral Home 306 W. Main St Crisfield, MD 21817									
shock, of heert failure. List only one cause on each lina. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING Sequentially list conditions, Due to (or as a consequence or): Due to (or as a consequence or):								Approximate interval Between Onset and Death Hours 8 Moving	
that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	ieouence of):						
PART II. Other aignificant conditions	contributing to deeth bu	t not resulting in	the underlying	ceuse given in i		PERFORMED	2	4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
			THER:						
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME C	OF 28c. INJ Y WO	URY AT RK?			Y OCCURED		
3 Suicide 6 Could not be detarmined	28s. PLACE OF INJURY - building, etc. (Specif	At home, ferm, stre	et, factory, office				umber or Rura	Il Route Number,	
								e(a) and manner as stated.	
29b. SIGNATURE AND TITLE OF CERTINER.	eane	4				29d	DATE SIGNE	ED (Manth, Day, Year)	
/	NUCY MI)	STU /		1,09 Dr	. Sti	is Bu	ry n	10 2/801	
	STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest) HELEN 4. SOCIAL SECURITY NUMBER 219-01-3895 9a. FACILITY NAME (If not institution, give street and proceed of DECEDENT 10a. STATE 10b. COUNTY Maryland SC 10c. STREET AND NUMBER 107 SOMETS COVE A) 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCA (Specify only highest grade of Council Specify only highest grade of Council Specify only highest grade of Council Specify only highest grade of Council Specify only highest grade of Council Specify only highest grade of Council Specify only highest grade of Council Specify only highest grade of Council Specify only highest grade of Council Specify only highest grade of Council Specify only highest grade of Council Specify only highest grade of Council Specify only highest grade of Council Specify only highest grade of Council Specify only only highest grade of Council Specify on the Coun	STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) HELEN 4. SOCIAL SECURITY NUMBER 219-01-3895 9a. FACILITY NAME (If not Institution, give street and number) PENINSULA REGIONAL MEDICAL C RESIDENCE OF DECEDENT 10b. STATE 10c. COUNTY MARYLAND 10b. STATE 10c. COUNTY MARYLAND 11c. MARITAL STATUS 11c. MAS DECEDENT EDUCATION (Specify only highest grade completed) 11d. MARITAL STATUS 11d. Marital Status 11d.	1. DECEDENT'S NAME (First, Middin, Last) 4. SOCIAL SECURITY NUMBER 2 19-01-3895 1 M 2 DF 80 YRS. 4. SOCIAL SECURITY NUMBER 219-01-3895 1 M 2 DF 80 YRS. 96. FACILITY NAME (# not institution, give street and number) PENINSULA REGIONAL MEDICAL CENTER RESIDENCE OF DECEDENT 106. STATE 106. COUNTY Maryland 106. STREET AND NUMBER 107 SOME'S COVE Apts. 11. MARITAL STATUS 11. Never Married 2 Married 3 Widowed 4 Divorced 11. Never Married 2 Married 3 Widowed 4 Divorced 12. SECRETIFIE 16. DECEDENT'S EDUCATION (Give kind of worm in the complete of process of incomplete of	1. STATE REGISTRAR SIGNAL (Lest) HELEN A. CERTIFICATE OF CERTIFI	L DECEDENT'S MAME (First, Middle, Last) HELEN A. (NELSON) HELEN A. (NELSON) HELEN A. (NELSON) HELEN A. (NELSON) HELEN A. (NELSON) HELEN A. (NELSON) HELEN A. (NELSON) HELEN A. (NELSON) HELEN A. (NELSON) HELEN A. (NELSON) HELEN A. (NELSON) HELEN A. (NELSON) HELEN A. (NELSON) HELEN A. (NELSON) HELEN A. (NELSON) HELEN A. (NELSON) HELEN A. (NELSON) HELEN A. (NELSON) HELEN B. FACHTY NAME (first similation, pite sizes and number) PENTINSULA REGIONAL MEDICAL CENTER SALISBURY BEDIENCE OF DECEDENT THE SIZES AND CONTROL OF DECEDENT THE SI	STATE AND MANUAL PROCESSING Land LOCCIDENT'S MANUAL (PIVIL Michigan, Land) HELLEN A. LOCCIDENT'S MANUAL (PIVIL Michigan, Land) HELLEN A. LOCCIDENT'S MANUAL (PIVIL Michigan, Land) HELLEN A. LOCCIDENT'S MANUAL (PIVIL Michigan, Land) B. SERVITY MANUAL (PIVIL MICHIGAN) B. SERVITY MANUAL (PIVIL MICHIGAN) B. SERVITY MANUAL (PIVIL MICHIGAN) B. SERVITY MANUAL (PIVIL MICHIGAN) B. STATE MICHIGAN MICHIGAN (PIVIL MICHIGAN) B. STATE MICHIGAN MICHIGAN (PIVIL MICHIGAN) B. STATE MICHIGAN MICHIGAN B. STATE MICHIGAN MICHIGAN B. STATE MICHIGAN MICHIGAN B. STATE MICHIGAN MICHIGAN B. STATE MICHIGAN MICHIGAN B. STATE MICHIGAN MICHIGAN B. STATE MICHIGAN MICHIGAN B. STATE MICHIGAN MICHIGAN B. STATE MICHIGAN MICHIGAN B. STATE MICHIGAN MICHIGAN B. STATE MICHIGAN MICHIGAN B. STATE MICHIGAN MICHIGAN B. STATE MICHIGAN MICHIGAN B. STATE MICHIGAN MICHIGAN B. STATE MICHIGAN MICHIGAN B. STATE MICHIGAN B. STATE MICHIGAN B. STATE MICHIGAN MICHIGAN B. STATE MICHIGAN B	STATE OF MAINTAIN DEPARTMENT OF PLEATH RECOSTRAN L RECOSTRAN L RECOST S AME (PARA MORE) HELEN A. SOCIAL SECURITY NUMBER L SOCIAL SECURITY NUMBER L SOCIAL SECURITY NUMBER L MAZ & S. ALE (PARA SECURITY NUMBER) S. RECOLLITY NAME (IF and summinos), give sized and number) S. RECOLLITY NAME (IF and summinos), give sized and number) S. RECOLLITY NAME (IF and summinos), give sized and number) S. RECOLLITY NAME (IF and summinos), give sized and number) S. RECOLLITY NAME (IF and summinos), give sized and number) S. RECOLLITY NAME (IF and summinos), give sized and number) S. RECOLLITY NAME (IF and summinos), give sized and number) S. RECOLLITY NAME (IF and summinos), give sized and number) S. RECOLLITY NAME (IF and summinos), give sized and number) S. RECOLLITY NAME (IF and summinos), give sized and number) S. RECOLLITY NAME (IF and summinos), give sized and number) S. RECOLLITY NAME (IF and summinos) S. RECOLLIT	1. DECEDITION OF CERTIFICATE OF DEATH 1. DECEDITION ASSOCIATED 1. DECEDITION OF DECEDIARY 1.	

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50, BALTIMORE, MARYLAND 21215-0020	with Hours after death. Page 6 may be retained by the hospital or attending physician.	ppletely filled in by the funeral director, page 5 should be detached for use as the burial-trans- cremation, or removal.	vent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transmenter. Press be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

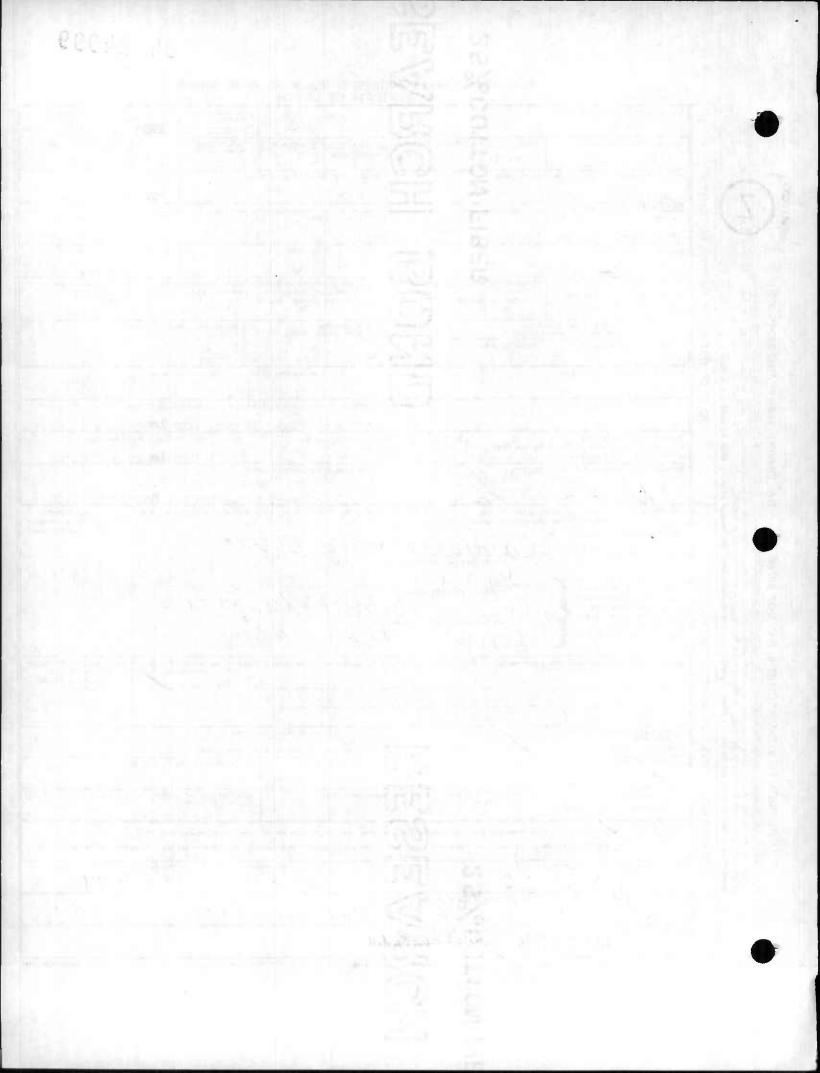
	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) FRANCES LOIS	NEASON				2. DATE OF DEATH MONTH DA		3. TIME OF DEATH 1:25 P. M		
	578-52-7308	1 □ M 2 🖔 F	EX 8. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Morith, Day, Year) M 2 🖔 F 54 YRS. MONTHS DAYS HOURS MIN. DEC. 27, 1			7. DATE OF BIRTH (Month, Day, Year) Dec. 27, 19	BIRTHRI ATE (State or Foreign			
TOR	96. FACILITY NAME (If not institution, give streem of the care residence of decement	et and number)		Largo	PR LOCATION OF DE	ATH	Prince Georges			
DIRECTOR	10e. STATE 10b. COUNTY	Georges		TOWN OR LOCAT			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	209 Weymouth Stree	reet			20772		10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 XXDivorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	Blec	E — American Indian, k, White, etc.		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12) 1.2	DUCATION Ide completed) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCL (Give kind of work done duri- life. Do NOT use retired.) Secretary			ON st of working		siness/industry	lege		
BE CON	17. FATHER'S NAME (First, Middle, Last) Raymond F. Neason		16. MOTHER'S NAM Beatrice	ME (First, Middle, Meiden A. Litzi	Sumeme) nger					
TO B	190. INFORMANT'S NAME (Type/Print) Dorothy M. Harlow 190. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 209 Weymouth St. Upper Marlboro, MD 20772									
	20e. METHOD OF DISPOSITION 1 Buriel 2X Fremetion 3 Removal from Stata 20b. PLACE AND DATE OF DISPOSITION (Name of cample gry, crematory, os other place) 20c. LOCATION — City or Town, State Alexandria, VA 21 SIGNATURE OF SIMPERAL SERVICE LIMITED.									
	22. NAME AND ADDRESS OF FACILITY Takoma Funeral Home, Inc. 254 Carroll St. NW Washington, D.C. 20012									
CERTIFICATION	23. PART I. Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, ahock, or heart feliure. List pniy one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (on as a consequence or): Due to (on as a consequence or): Due to (on as a consequence or): Due to (on as a consequence or): Due to (on as a consequence or): Due to (on as a consequence or):									
PHYSICIAN: MEDICAL C		II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse the state of					AUTOPSY 240	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 955 2 NO		
SICIA		HOSPITAL:	etient 3 DOA	O[HER:	ACE OF DEATH (Che					
ву рну	27. MANNER OF BEATH 1 Sture! 5 Pending Investigation	1 Inpettent 2 ER/Outpettent 3 DOA Insign Home 5 Residence 6 Other (Specify) 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 1 YES 2 NO								
	Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	and Number or Rural Route Number,							
COMPLETED		AN: To the best of my knowl						s) end manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	dlian	Pao	PAL	29c, LICENSE NUN		29d. DATE SIGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	- Mitch	relie	l Roa	d;# 220	o, Bou	16 MD 14		
	31. DATE FILED (Month, Day, Year) AUG 0 8 1994	gulia Davidon	n-Mandalle					, , , , ,		

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OF VITAL RECORDS, P.O. BOX 68760,	PHYSICIAN: The law requires that the death certificate be executed within. Ours after death. Page 6 may be retained by the hospital or attending physician.	e attend	ury, or
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DIVISION	TO THE HOSPITAL OR ATTENDING PH	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	WPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	ELSIE RAY OF				2. DATE OF DEATH	1994	3. TIME OF DEATN 7:00 DM		
	4. SOCIAL SECURITY NUMBER 578 - 20 - 5941	$78-20-5941$ 1 \square M 2 \square F 73 YRS. MONTHS DAYS HOURS MIN. (M. Ma:				7. DATE OF BIRTH (Month, Day, Year) May 20, 19	e. Birri Count Vi:	HPLACE (State or Foreign try) rginia		
CTOR	9a. FACILITY NAME (If not institution, give s Laurel Regional I RESIDENCE OF DECEDENT		0.00	Laurel	OR LOCATION OF DE	EATN	Prince	George		
L DIRECTOR	Maryland Anne	Arundel	10c. CITY, T					10d, INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	857 Evergreen Roc	ad 12. WAS DECEDENT EVER IN	NIIS ARMED	2	ZIP CODE 21144 ENDENT OF NISPAN	NIC ORIGIN? (Specify Yes	U	S.A. E - American Indian,		
BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, spe		an, Puerto Rican, etc.)	or No — 14, RAC Blac Spec	ck, White, etc.		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)				DN st of working	16b. KIND OF BUSI	NESS/INDUSTRY			
OM	17. FATHER'S NAME (First, Middle, Lest)	Housewif	e	18. MOTNER'S NA	AME (First, Middle, Meiden S	Surname)				
BE C	John Duvall				Ethel	Rushman				
5	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Town,				
	Shirley Rowe	201	857 EV			Severn, Mar	ryland 2			
		1 Burial 2 Cremation 3 X Removal from State Cemetery, crematory or other place)								
	21. SIGNATURE OF FUNERAL SERVICE LIC		IL. OTTAGE	22. NAME AN	D ADDRESS OF FA	CILITY	100	, D.C.		
	Donaldson Funeral Home, P.A. 313 Talbott Ave. Laurel, Maryland									
	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heary failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final diseases or condition resulting in death) a. CAUSE TEST PINATOR ACCUSED PIN							Approximata interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. DUFTO (OR AS A CONSEQUENCE OF): c. CANNON C POSTANCHA LUMY FRANCE DUE TO (OR AS A CONSEQUENCE OF): d. CANNON HEART JEAN FRANCE DUFTO (OR AS A CONSEQUENCE OF): CONTROL OF AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CONTROL OF AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CONTROL OF AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL O	PART II. Other algorificant condition	out not resulting in t	the underlying	p couse given in	PERFORM					
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)				
IXSI	1 TYES 2 NO	1 Theatient 2 ER/Outp	patient 3 DOA 4	☐ Nursing Home		8 Other (Specify)				
	27. MANNER OF DEATN 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O		RK?	28d. DEŞCRIBE HOW IN	JURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	Y — At home, term, stre- city)			281. LOCATION (Street en City or Town, State)	nd Number or Rural	Route Number,		
COMPLET	000)	BICIAN: To the best of my know ER: On the basic of examination						(e) end menner ee stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WH	neck	PATA STEM ST (Keep S)	\$	DI3	71	▶ 8-6	(Month, Day, Year)		
	B6 ma	HO COMPLETED CAUSE OF DE	la MD.	1420	Law	rel Jark	Dr. Y	autel MD		
	31. DATE FILED (Month, Day, Your) AUG 0 9 1984 Jam always Randy									





ours after death. Page 6 may be retained by the hospital or attending one TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

es ul, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

	REGISTRAR		CER	RTIFICA	TE OF I	DEATH		REG. NO.				
	1. DECEOENT'S NAME (First, Middle, L	est)					2. DATE C			4	3. TIME OF DEAT	Ή
	GILBERT D.	POWELSON						JULY 25 1994				PM
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last bir	rthday) IF UN	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE O				8:30 IPLACE (State or Fo	
-	216-56-8005	1 🔀 M 2 🗆 F	7.5	YRS. MONTH	S DAYS	HOURS MIN.	Dec	2 19		Counti	y)	
	9a. FACILITY NAME (If not institution, g			0h C	STV TOWAL OR	LOCATION OF DE		2 19		UTA		
							EATH		9c. COUN	ITY OF D	EATH	
DIRECTOR	Perry Point		1	Рe	rry H	Point			Ceci	. 1		
ו	10a. STATE 10b. CO		1	IOc. CITY, TOW	N OR LOCATIO	DN .					10d. INSIDE CITY	
2	Utah Un	known									LIMITS?	
	10e. STREET AND NUMBER	KHOWH		Salt							1 YES 2 X	NO
3	How the state of the state of				10000	ZIP CODE			10g. CITIZ	ZEN OF	WHAT COUNTRY?	
	1621 Emerso:				3	34105			US	A		
5	11. MARITAL STATUS	12. WAS DECEDENT EX		D		NDENT OF HISPAI			or No-	14. RACI	E — Americen Indie k, White, etc.	n,
DI FUNERAL	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES			NO Specif		can, etc.)		Spec		
Ô	3 Wildowed 4 Divorced	5-19-36	/ 4-1	4-38						W	hite	
3	15. DECEDENT'S (Specify only highest)	EDUCATION trade completed)	16e. DECES	DENT'S USUAL	OCCUPATION	of working	16b.	KIND OF BUS	INESS/IND	USTRY		
Ų	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use retire	d.)	or working						
	Unknown	Unknown	u	nknow	n		lur	nknow	n			
COMPL	17. FATHER'S NAME (First, Middle, Last					18. MOTHER'S NA						
	George Powel:	con				Mary (Day					
ם	19a. INFORMANT'S NAME (Type/Print)	3011	IAILING ADOR	ESS (Street and	Number or Rural			Ctoto 7in	Codel			
2												
	Keith D Powe 200. METHOD OF DISPOSITION	son				1 Rd 7		T				
	1 - Burial 2 X Cremation 3 -		20b. PLACE AND cametary, cremat			e of	OATE	20c. LO	CATION — (City or To	own, State	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE		RAF	erris	Aug	11 199	94	We	st C	hes	ter PA	
	21. SIGNATURE OF FUNERAL SERVICE	1		1.	22. NAME AND	ADDRESS OF FA	R	T FO	ard	Fun	eral H	0.00
d	1 deed 9	your			111 0	011001					MD 219	
	23. PART i. Enter the diseases,	or complications that co	tused the death								Approxima	
П	shock, or heart fall	ure. List only one cause	on each line.			o or aying, soo		oc or respi	atory arr	oot,	Interval Be	etween
	iMMEDIATE CAUSE (Finel disease or condition										Onset and	Death
	resulting in death)	41	tastat									
		DUE TO (OR	AS A CONSEQUE	ENCE OF):								
2	Sequentially list conditions,	b										
RIFICATION	if any, leading to immediate	OUE TO (OR	AS A CONSEQUE	ENCE OF):								
3	cause. Enter UNDERLYING CAUSE (Diseese or injury	c										
	that initiated eventa resulting in deeth) LAST	DUE TO (OR	AS A CONSEQUE	ENCE OF):								
	resulting in deeth) LAST	d										
5	PART II. Other algolificent cond	itions contribution to do	oth hut not you	ultina ia tha	and delete		D. A. I			1		
No.	TAITI II. Other algimeetic cond	tione contributing to de	atti but not lesi	uiting in the	underlying	cause given in	Part I.	24a. WAS AN PERFOR		246	. WERE AUTOPSY FI AMAILABLE PRIOR	TO
ś								1 YES 2	NO NO	1	OF DEATH?	CAUSE
2											1 YES 2 X	Ю
							_					
PHISICIAN: ME	25. WAS CASE REFERRED TO MEDICA				26. PLA	CE OF DEATH (Ch	eck only one)				
اج	EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL: Monpetient 2 □ EF	3/Outputient 3 🗆	DOA A		5 - Residence	4 Other	(Constitution				
=	27. MANNER OF DEATH	26e. DATE OF INJ		8b. TIME OF	28c. INJU		_	CRIBE HOW II	WILLIBA OCC	HIBED		
	1 Natural 5 Pending	(Month, Day, 1	(bar)	INJURY	WOR	K? S 2 NO	200. 020	J. 110 11 11		OTILD		
	2 Accident Investigat		I II I III I			3 2 NO						
1	3 Suicide 6 Could no		(Specify)	, rarm, atreet,	fectory, office		281. LOCA City o	TION (Street a r Town, Stete)	ind Number	or Rural I	Route Number,	
	Tomos delemm											
	29e. CERTIFIER 1 SCERTIFYING P	HYSICIAN: To the best of my	knowledge, death	occurred at th	ne time, data a	nd place, and dua	to the caus	e(s) end man	mer as state	ed.		
COMPLEIED		MINER: On the besis of exam									s) end mennar as si	tated.
	296 SIGNATURE AND TITLE OF CENT					29c. LICENSE NUI						
	10	17					MBEH				(Month, Day, Year)	
71	Van L	I WHO COMPI THE COLUMN				D32395				1/2	5/94	
	TO NAME AND ADODESO OF SECTION		PEATH (ITEM 2	(Type, Print)								
	30. NAME AND ADDRESS OF PERSON	,					0					
	THOMAS FINUC	AN, M.D.,	VAMC F	erry	Poin	t, MD	219	02				
	THOMAS FINUC	AN, M.D.,	VAMC P		Poin	t, MD	219	02				
	THOMAS FINUC	AN, M.D.,	VAMC F		Poin	t, MD	219	02				

